

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **980000 12364** **(R)**

1. Entity Name

Green Financial Services Inc

Principal Place of Business

Mailing Address

3500 N. State Rd 7 #438
Lauderdale Lakes FL 33319

FILED
00 JUN 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

3500 N. State Rd 7
Suite, Apt. #, etc.
438

3500 N. State Rd 7
Suite, Apt. #, etc.
438

City & State
Lauderdale Lakes FL
Zip
33319

City & State
Lauderdale Lakes FL
Zip
33319

6/14/00 900391038 \$158.75
DO NOT WRITE IN THIS SPACE

4. FEI Number **605-0829406** Applied For
Not Applicable

5. Certificate of Status Desired **R** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dionne Morris
3500 N. State Rd 7
#438
Lauderdale Lakes FL 33319

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Delete
NAME **Dionne Morris**
STREET ADDRESS **3500 N. St Rd 7 #438**
CITY-ST-ZIP **Lauderdale Lakes FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dionne A Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00 954731 3011
Date Daytime Phone

CR2E034 (9/99)