

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080039

1. Entity Name

GREEN EYE PRODUCTIONS, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90072 027 ***150.00

Principal Place of Business

100 BAYVIEW DRIVE APT 1524
MIAMI BEACH FL 33160

Mailing Address

100 BAYVIEW DRIVE APT 1524
MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

840 N. Larrabee St.

Suite, Apt. #, etc.

#4-221

City & State

West Hollywood, CA

Zip

90069

Country

Zip

USA

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METH, PERRY S

100 BAYVIEW DRIVE APT 1524
MIAMI BEACH FL 33160

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, 2001 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 **P** ☐ Delete
NAME **METH, PERRY S**
STREET ADDRESS **100 BAYVIEW DR, #1524**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

310 652 1103

Daytime Phone #

CR2E034 (10/00)