

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90172 023 ***550.00

DOCUMENT # **P99000019126**

1. Entity Name

GREEN GEM GROWERS, INC.

Principal Place of Business

21117 WIYOL RD
UMATILLA FL 32784

Mailing Address

PO BOX 22
UMATILLA FL 32784

2. Principal Place of Business

21117 WIYGUL RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA FL

City & State

4. FEI Number

59-3576828

Applied For

Not Applicable

Zip

32784

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

C0072428

6. Name and Address of Current Registered Agent

VIVIA SUBARAN
21117 WIYOL RD
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name **VIVIA SUBARAN**
 Street Address (P.O. Box Number is Not Acceptable)
21117 WIYGUL RD
PO BOX 730
 City **UMATILLA** **FL** Zip Code **32784**

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)

6/26/01
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEDDI SUBARAN	
STREET ADDRESS	21117 WIYGUL RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIVIA SUBARAN	
STREET ADDRESS	21117 WIYGUL RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

V. Subaran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/01
 Date

352-669-6523
 Daytime Phone #

CR2E034 (11/00)