

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021798

1. Entity Name

GREEN MAY, INC.

*R*

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90023 013 \*\*\*150.00

Principal Place of Business

601 N.W. 106TH AVE.  
 PEMBROKE PINES FL 33026

Mailing Address

601 N.W. 106TH AVE.  
 PEMBROKE PINES FL 33026

2. Principal Place of Business

601 NW 106<sup>th</sup> AVE.  
 Suite, Apt. #, etc.

3. Mailing Address

601 NW 106<sup>th</sup> AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL 33026

City & State

PEMBROKE PINES, FL 33026

4. FEI Number

65-0902977

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33026

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

APONTE, MARIELA  
 601 N.W. 106TH AVE.  
 PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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 \$550.00**

**After SEPTEMBER-13, 2000 Min. will be \$750.00**  
**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 PD  
 NAME APONTE, MARIELA  
 STREET ADDRESS 601 N.W. 106TH AVE.  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

*Mariela Aponte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

954-441 0310

Daytime Phone #

CR2E034 (5/00)