

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022073

1. Entity Name

GREEN MAGIC PAWN, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90044 007 \*\*\*150.00

Principal Place of Business

Mailing Address

8411 N.W. 197TH TERRACE  
HIALEAH FL 33015

8411 N.W. 197TH TERRACE  
HIALEAH FL 33015-5970

GREEN MAGIC PAWN INC.

GREEN MAGIC PAWN INC.

2. Principal Place of Business

3. Mailing Address

4510 GRIFFIN ROAD

SAME 4510 GRIFFIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLYWOOD FLA

HOLLYWOOD FLA

City & State

City & State

33314

33314

Zip

Country

Zip

Country

BROWARD

33314

BROWARD

4. FEI Number

650915841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDINGS, MARGUERITE  
8411 N.W. 197TH TERRACE  
HIALEAH FL 33015

Name

JOHN R INSCO

Street Address (P.O. Box Number is Not Acceptable)

4510 GRIFFIN RD

HOLLYWOOD FLA

City

FL

Zip Code

33314

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

MARGUERITE RIDINGS

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

NOTE: Registered Agent Signature required when reinstating)

1/20/00

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 D  
NAME RIDINGS, MARGUERITE  
STREET ADDRESS 8411 N.W. 197TH TERRACE  
CITY-ST-ZIP HIALEAH FL 33015

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE DIRECTOR  
NAME JOHN R INSCO  
STREET ADDRESS 8411 NW 197 TER  
CITY-ST-ZIP MIAMI FLA 33015

☐ Change ☒ Addition

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NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOHN R INSCO DIRECTOR 1/22/00 954 584190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #