

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035689

1. Entity Name
GREEN START PRODUCE, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90107 013 ***550.00

Principal Place of Business

130 NO. PARK AVE.
WINTER PARK FL 32789

Mailing Address

130 NO. PARK AVE.
WINTER PARK FL 32789

2. Principal Place of Business

1111 S. Orlando Ave.

3. Mailing Address

same
Winter Park, Fl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park Florida

City & State

Zip

Country

32789

U. S. A.

4. FEI Number

59-3569005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLISON, DONALD
1515 S. FEDERAL HWY., STE.300
BOCA RATON FL 33432

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Ohk Soon LORIN President
936 fairway Drive
Winter Park FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Soon Lark Vice-Pres./Dir.
7121 Timber Drive
Winter Park, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Francois LORIN Treasurer
936 fairway Drive
Winter Park, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000

Date

407 629 9118

Daytime Phone #

CR2E034 (5/00)