## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## DOCUMENT # P99000083441 Apr 19, 2000 8:00 am Secretary of State GREEN PORTS ENTERPRISES, INC. 04-19-2000 90020 042 \*\*\*150.00 Mailing Address Principal Place of Business 1300 NORTHWEST 167TH STREET #3 1300 NORTHWEST 167TH STREET #3 MIAM! FL 33169-5738 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 10 BRICKE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1801 180 4. FEI Number 91 - 20 Applied For City & State City & State Not Applicable $m_1 P m$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3 Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent --- -**H**73 MORGAN MORGAN, CHARLES O JR. ess (P.O. Box Number is Not Acceptable) 1300 NORTHWEST 167TH STREET #3 BICKELI **MIAMI FL 33169** MIAM 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. required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CHIEF EXECUTIVE OFFICER & Change ELIZABETH MORGAN FREES E 540 BRICKELL KEY OR # 1801 Delete Delete TITLE MORGAN. CHARLES O JR. NAME STREET ADDRESS STREET ADDRESS 1300 NORTHWEST 167TH STREET #3 m14m1; FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33169 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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