

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91616 001 ***550.00

DOCUMENT # P99000099559

1. Entity Name
GREEN FARMS PRODUCTS CO.

Principal Place of Business
781 CRANDON BLVD SUITE 205
KEY BISCAYNE FL 33149

Mailing Address
PO BOX 832137
MIAMI FL 33289-2137



2. Principal Place of Business
7700 N. KENDALL DR
Suite, Apt. #, etc. 304

3. Mailing Address
P.O. Box 43434
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip 33156
Country USA

City & State
MIAMI, FL
Zip 33143
Country

4. FEI Number **65-0973511**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BALLESTAS AND ASSOCIATES, INC.
7730 SW 88 TR
MIAMI FL 33143

7. Name and Address of New Registered Agent
Name RICHARD LOTHARIUS CPA
Street Address (P.O. Box Number if Not Acceptable) 7700 N. KENDALL DR
STE 304
City MIAMI FL Zip 33156

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]* **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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees** ☐ **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARCACHE, CARLOS	
STREET ADDRESS	781 CRANDON BLVD SUITE 205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CORDOVA, ALEXANDRA	
STREET ADDRESS	781 CRANDON BLVD SUITE 205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOCRE PEREZ	
STREET ADDRESS	781 CRANDON	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOCRE PEREZ	
STREET ADDRESS	781 CRANDON BLVD, STE 205	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD LOTHARIUS	
STREET ADDRESS	7700 N. KENDALL DR, STE 304	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/5/02* **Daytime Phone #**

CR2E034 (9/01)