FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102735

1. Entity Name

GROWIN BRIGHT CORP.

94071680

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
18239 Pines Blvd..		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number	Applied For
Pembroke Pines, FL.		65-0973616	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
33029					

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1, May 1, Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE	PD	TITLE	
NAME	ALLEN IDANIA	NAME	
STREET ADDRESS	18239 Pines Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fl. 33029	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	DO NOT WRITE
NAME		NAME	IN THIS SPACE
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4-26-04   954-441-1260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #