

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03573

1. Entity Name

GREENLIGHT EXPRESS, INC.

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90210 002 ***550.00

Principal Place of Business

8542 NW 66TH STREET
MIAMI FL 33166
US

Mailing Address

2455 E SUNRISE BLVD
415
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0219396

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

KICHKARIAN, JOANINHA MARTI
2455 E SUNRISE BLVD #415
FT LAUDERDALE FL 33304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KUCHKARIAN, JOANINHA M.
STREET ADDRESS 2455 E SUNRISE BLVD #415
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME 8542 N.W. 66th. STREET
STREET ADDRESS MIAMI; FL 33166
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KUCHKARIAN, ROBERTO
STREET ADDRESS 2455 E SUNRISE BLVD #415
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME 8542 N.W. 66th. STREET
STREET ADDRESS MIAMI FL 33166
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

(305) 463-8338

CR2E034 (5/00)