

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35680

1. Entity Name

GREEN PLANET, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90069 015 ***150.00

Principal Place of Business

8041 NW 14TH ST
2ND FL
MIAMI FL 33126
US

Mailing Address

6840 SW 45TH LANE
SUITE 8
MIAMI FL 33155-6824

2. Principal Place of Business

6840 SW 45 LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 8

City & State

MIAMI FL

City & State

1

4. FEI Number

65-0244742

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANAKA, TETSUYA
8041 NW 14 STREET
SECOND FLOOR
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name TANAKA, TETSUYA

Street Address (P.O. Box Number is Not Acceptable)

8650 NW 3rd Lane

No. 6

City

MIAMI

FL

Zip Code

33126

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME TANAKA, TETSUYA
STREET ADDRESS 8650 NW 3RD LANE #6
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE V
NAME MCHALE, EMILY
STREET ADDRESS 6840 SW 45TH LANE #8
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

305-667-4099

Daytime Phone #

CR2E034 (9/99)