## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$52354** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** GREEN ART, INC. 01-19-2000 90274 012 \*\*\*150.00 Principal Place of Business Mailing Address 7516 JEWELL AVE. 7516 JEWELL AVE. NORTH BAY VILLAGE FL 33141-2404 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0381426 AMNot Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **FUERTES, RONALD** Street Address (P.O. Box Number is Not Acceptable) 7516 JEWELL AVE NORTH BAY VILLAGE FL 33141 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 12. Change □ Delete TITLE TITLE **FUERTES, RONALD** NAME STREET ADDRESS 7516 JEWELL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 Delete TITLE FUERTES, RAQUEL NAME NAME 550 S. SHORE DRIVE MIAMI BEACH-FL STREET ADDRESS STREET ADDRESS 7516 JEWELL AVENUE CITY\_ST-ZIP N. BAY-VILLAGE-FL-33141 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 receive of 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 attach the property of the leaders with all other like empowered.

SIGNATURE: