## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # \$74109** May 11, 2000 8:00 am Secretary of State GREEN OCEAN TRADING, INC. 05-11-2000 91422 034 \*\*\*150.00 Principal Place of Business Mailing Address 916 MAGNOLIA AVENUE 916 MAGNOLIA AVENUE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-2700 ·STreet. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0280732 Not Applicable Country \$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 Street Address (P.O. Box Number is Not Acceptable MARTINS DA SILVA, NOE 916 MAGNOLIA AVENUE NORTH LAUDERDALE FL 33068 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. ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE Delete NAME NAME ALVES DA SILVA, ROSANGELA STREET ADORESS STREET ADDRESS 916 MAGNOLIA AVENUE CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 Delete TITLE TITLE NAME NAME MARTINS DA SILVA, NOE STREET ADDRESS STREET ADDRESS 916 MAGNOLIA AVENUE CITY-ST-ZIE CITY-ST-ZIP NORTH LAUDERDALE FL 33068 \* · · · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/25/00