

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-21-2001 90355 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 574109

1. Entity Name

GREEN OCEAN TRADING, INC.

Principal Place of Business

Mailing Address

136 COLLY WAY (SAME)
 NORTH LAUDERDALE, FL 33068

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

650280732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOE MARTINS DA SILVA
 136 COLLY WAY
 NORTH LAUDERDALE, FL 33068

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 NOE MARTINS DA SILVA

Signature, typed or printed name of registered agent and title if applicable.

Noe Martins da Silva

(NOTE: Registered Agent signature required when resigning)

04-30-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
 NAME NOE MARTINS DA SILVA
 STREET ADDRESS 136 COLLY WAY
 CITY-ST-ZIP N. LAUDERDALE, FL 33068

TITLE VICE PRESIDENT ☐ Delete
 NAME ROSANGELA AVELAS DA SILVA
 STREET ADDRESS 136 COLLY WAY
 CITY-ST-ZIP N. LAUDERDALE, FL 33068

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: Noe Martins da Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

Date

Daytime Phone #

CR2E034(11/00)