

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65757

1. Entity Name

GREEN EYES EXPRESS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90092 020 \*\*\*150.00

Principal Place of Business

Mailing Address

9510 SW 31ST TERRACE  
MIAMI FL 33165

9510 SW 31ST TERRACE  
MIAMI FL 33165-3065

2. Principal Place of Business

3. Mailing Address

9001-I NW 97 TERRACE 9001-I NW 97 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MEDLEY, FLORIDA

MEDLEY, FLORIDA

Zip

Country

Zip

Country

33178

U.S.

33178

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0378020

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

GONZALEZ, PEDRO E. JR.  
9510 SW 31ST TERR  
MIAMI FL 33165

Name

GONZALEZ, PEDRO E. JR.

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

9001-I NW 97 TERRACE

City

MEDLEY

FL

Zip Code

33178

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

Pedro E. Gonzalez, Pres. Agent

2-24-00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEES \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PEDRO E. JR.		NAME	GONZALEZ, PEDRO E. JR.	
STREET ADDRESS	9510 SW 31ST TERR		STREET ADDRESS	9001-I NW 97 TERR	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MEDLEY, FLORIDA 33178	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NODARSE, JUAN I.		NAME		
STREET ADDRESS	6005 EAST 4TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HALEAH FL 33013		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GONZALEZ, OLGA P.	
STREET ADDRESS			STREET ADDRESS	9001-I NW 97 TERR	
CITY-ST-ZIP			CITY-ST-ZIP	MEDLEY, FLORIDA 33178	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro E. Gonzalez, Pres.

Date

Daytime Phone #

2-24-00

(305) 887-2012

CR2E034 (9/99)