

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
 08-13-2001 90145 031 ***150.00

DOCUMENT # V65757

1. Entity Name
GREEN EYES EXPRESS, INC.

Principal Place of Business

**9001-1 NW 97 TERR
 MEDLEY FL 33178**

Mailing Address

**9001-1 NW 97 TERR
 MEDLEY FL 33178**

2. Principal Place of Business

8325 N.W. 30 TERR.

Suite, Apt. #, etc.

3. Mailing Address

8325 N.W. 30 TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

U.S.

City & State

MIAMI, FL

Zip

33122

Country

U.S.

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

GONZALEZ, PEDRO E. JR.

9001-1 NW 97 TERR

MEDLEY FL 33178

Name

GONZALEZ, PEDRO E. JR.

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

8325 NW 30 TERR.

City

MIAMI

FL

Zip Code

33122

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

7-3-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **GONZALEZ, PEDRO E. JR.**
 STREET ADDRESS **9001-1 NW 97 TERR**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **S** ☐ Delete
 NAME **GONZALEZ, OLGA P**
 STREET ADDRESS **9001-1 NW 97 TERR**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **GONZALEZ, PEDRO E. JR.**
 STREET ADDRESS **8325 NW 30 TERR.**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **S** ☒ Change ☐ Addition
 NAME **GONZALEZ, OLGA P.**
 STREET ADDRESS **8325 NW 30 TERR.**
 CITY-ST-ZIP **MIAMI, FL 33122**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-03-01

Date

(305) 887-2012

Daytime Phone #

CR2E034 (5/01)