



**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0100002086			
1. Entity Name GREEN & CLEAN SYSTEMS EQUIPMENT (GCSE), LLC			
Principal Place of Business 168 S.W. 1ST STREET, SUITE 605 MIAMI, FL 33451		Mailing Address 168 S.W. 1ST STREET, SUITE 605 MIAMI, FL 33451	
2. Principal Place of Business 1874 N. YOUNG CIRCLE		3. Mailing Address 1874 N. YOUNG CIRCLE	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33020		Country USA	
4. FEI Number 65-1145112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when existing)</small>			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISHAAN, SALOMON	NAME	
STREET ADDRESS	2600 ISLAND BOULEVARD, #1005	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN PAUL AZIZA	NAME	
STREET ADDRESS	CALLE LINARES #20, ESCALERA C PUERTA 9	STREET ADDRESS	
CITY-ST-ZIP	46018 VALENCIA, ESPANA,	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABA, ERIC	NAME	
STREET ADDRESS	PASEO DEL HONTANAR NO 1, C-7	STREET ADDRESS	
CITY-ST-ZIP	28223 POZUELO DE ALARCON,	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, SALOMON	NAME	
STREET ADDRESS	EDIFICIO CAVENDES, SUITE 1304A	STREET ADDRESS	
CITY-ST-ZIP	LOS PALOS GRANDES CARACAS,	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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: NILMA FERNANDEZ <i>Nilma Fernandez</i>		Date: 04/28/03 954-9277410	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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CHECK HERE IF MAKING CHANGES

CR29083 (10/02)