

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90046 029 ***158.75

DOCUMENT # 500587			
1. Entity Name GREENLEAVES OF MIAMI INC.			
Principal Place of Business 2370 NW 174TH TERR PO BOX 694224 MIAMI FL 33056		Mailing Address 2370 NW 174TH TERR PO BOX 694224 MIAMI FL 33056	
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 59-1652502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, REV DR DENNIS M 2370 NW 174TH TERR MIAMI FL 33056		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	PBC	<input type="checkbox"/> Delete	
NAME	JACKSON, REV DR DENNIS		
STREET ADDRESS	2390 NW 174 TERR		
CITY-ST-ZIP	MIAMI FL 33056		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	JACKSON, DENNIS M II		
STREET ADDRESS	2370 NW 174TH TERR		
CITY-ST-ZIP	MIAMI FL 33056		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	JACKSON, JERRY C		
STREET ADDRESS	2370 NW 174TH TERR		
CITY-ST-ZIP	MIAMI FL 33056		
TITLE	GM	<input type="checkbox"/> Delete	
NAME	PICKARD, DANNIE L		
STREET ADDRESS	2370 NW 174TH TERR		
CITY-ST-ZIP	MIAMI FL 33056		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rev. Dr. Dennis M. Jackson</i>		Date: <i>1/4/2001</i> 305 625-9403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)