

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0012856

**DOCUMENT # L01000006540**

1. Entity Name

**GREEN SOLUTIONS, LLC**

04-07-2002 90067 016 \*\*\*\*\*50.00

Principal Place of Business

13798 N.W. 4TH STREET, SUITE 309  
 SUNRISE FL 33325

Mailing Address

C/O A.J. GREEN SOLUTIONS, INC.  
 13798 N.W. 4TH STREET, SUITE 309  
 SUNRISE FL 33325

2. Principal Place of Business

130 N.E. 4TH AVE

3. Mailing Address

130 N.E. 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KLITZMAN, LAWRENCE S P.A.  
 3225 AVIATION AVENUE, SEVENTH FLOOR  
 MIAMI FL 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
 NAME A.J. GREEN SOLUTIONS, INC.  
 STREET ADDRESS 13798 N.W. 4TH STREET, SUITE 309  
 CITY-ST-ZIP SUNRISE FL 33325

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS 130 N.E. 4TH AVE  
 CITY-ST-ZIP FT LAUDERDALE, FL 33304

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)