

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000453

1. Entity Name  
GREENLINE LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business  
31 NORTH MIAMI AVENUE  
MIAMI FL 33132

Mailing Address  
31 NORTH MIAMI AVENUE  
MIAMI FL 33128-1823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0889990

Applied For

Not Applicable

Zip

33132

Country

Zip

33132

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

KAISERUL CHOWDHURY

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

31 N. MIAMI AVE

MIAMI, FL

City

FL

Zip Code

33132

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

Kaiserul Chowdhury

02/22/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CHOWDHURY, KAISER M  
31 NORTH MIAMI AVENUE  
MIAMI FL 33132 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
CHOWDHURY, KAISER M  
31 NORTH MIAMI AVENUE  
MIAMI FL 33132 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MOINUDDIN, HASAN  
31 NORTH MIAMI AVENUE  
MIAMI FL 33132 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
MOINUDDIN, HASAN  
31 NORTH MIAMI AVENUE  
MIAMI FL 33132 ☐ Delete

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

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

TITLE  
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☐ 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:

Kaiserul Chowdhury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02/22/06

Date

Daytime Phone #

CR2E083 (9/99)