

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M 99/648**

1. Entity Name  
**Green Leaf Financial, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 JUL 10 AM 9:25**

Principal Place of Business      Mailing Address

**2558 S.W. 177th Ave.  
Miramar, FL 33029**

2. Principal Place of Business <b>2558 S.W. 177th Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>18459 Pines Blvd., #272</b> Suite, Apt. #, etc.	
City & State <b>Miramar, FL</b>		City & State <b>Pembroke Pines, FL</b>	
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>

4. FEI Number <b>65-0913508</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Grant Webb  
2558 S.W. 177th Ave.  
Miramar, FL 33029**

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 \_\_\_\_\_ (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	<b>Manager Grant Webb 2558 S.W. 177th Ave. Miramar, FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **GRANT WEBB** **23 JUN 00 (954) 447-4036**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (11/99)