2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45120

1. Entity Name

City & State

Zip

OPERATION GREEN LEAVES, INC.

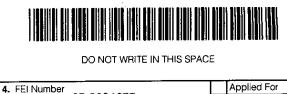
Mailing Address Principal Place of Business P.O. BOX 5254 221 S.W. 22 AVENUE CORAL GABLES FL 33114 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED Jun 19, 2002 8:00 am Secretary of State

06-19-2002 90941 044 ****61.25



Name Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
ATRIE. NADINE C Street Address (P.O. Box Number is Not Acceptable)	The management of the control of the	Name a many transfer and the second s		
220 NW 201 STREET	PATRIE, NADINE C	Street Address (P.O. Box Number is Not Acceptable)		

Country

MIAMI FL 33015

Street Address (P.O. Box Number is N	ot Acceptable)	
City		Zip Code

65-0284655

5. Certificate of Status Desired

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

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

_ 10.	OFFICERS AND DIRECTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO			
TITLE	PD [Delete	TITLE :	,	☐ Change	☐ Addition
NAME .	BRICOURT, SYLVIO		NAME			
STREET ADDRESS	8400 S.W. 133RD AVE., #305		STREET ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP			
TITLE	VPD 5	Delete	TITLE	VPD	Change	Addition
NAME	FRANCILLON, WILLIO LOUIS	`	NAME	JIM WELLINGTON	1.1	
STREET ADDRESS	6316 SW 136TH CT., G105		STREET ADDRESS	212 PhoeNITIA AVE #	<i>5</i> 4	
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP	JIM WELLINGTON 212 PhoenitiA Abeth COPAL GADLE, Fla 331	14	
جودر _ TITLE	.TD	⊡ Delete —	. ــــــــ TITLE .	and the control of the control of	Change	☐ Addition
NAME	FAULKS, ZANDRA		NAMÉ			
STREET ADDRESS	2281 SHERMARNE CIRCLE SOUTH., #B511		STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	SD	☐ Delete	TITLE		Change	Addition
NAME	TREADWAY, DEE-ANNE		NAME	÷		
STREET ADDRESS	1700 S BAYSHORE DR #3256		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP			
TITLE	. **	☐ Delete	TITLE	,	☐ Change	Addition
NAME '			NAME	. *		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE '		☐ Change	☐ Addition
NAME .	· ·		NAME			

12. 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 tri) steep min owered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CR2E037 (9/01)

Not Applicable

\$8.75 Additional

Fee Required