

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2002 8:00 am  
Secretary of State

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

DOCUMENT # N45120

1. Entity Name

OPERATION GREEN LEAVES, INC.

Principal Place of Business

Mailing Address

221 S.W. 22 AVENUE  
#204  
MIAMI FL 33135  
US

P.O. BOX 5254  
CORAL GABLES FL 33114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0284655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRIE, NADINE C  
8220 NW 201 STREET  
MIAMI FL 33015

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 \$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 10

TITLE PD  
NAME BRICOURT, SYLVIO  
STREET ADDRESS 8400 S.W. 133RD AVE., #305  
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

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

TITLE VPD  
NAME FRANCILLON, WILLIO LOUIS  
STREET ADDRESS 6316 SW 138TH CT., G105  
CITY-ST-ZIP MIAMI FL 33183 ☒ Delete

TITLE VPD  
NAME JIM WELLINGTON  
STREET ADDRESS 212 PHOENITIA AVE #4  
CITY-ST-ZIP CORAL GABLES, FL 33114 ☐ Change ☒ Addition

TITLE TD  
NAME FAULKS, ZANDRA  
STREET ADDRESS 2281 SHERMARNE CIRCLE SOUTH., #B511  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

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

TITLE SD  
NAME TREADWAY, DEE-ANNE  
STREET ADDRESS 1700 S BAYSHORE DR #3256  
CITY-ST-ZIP MIAMI FL 33131 ☐ 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

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 trustee empowered 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

6/12/2002 (305) 644-9000

CR2E037 (9/01)