2001'UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # P000000					rileo.				
GREENBRIER ENTERPRISES, INC.						FILED SECRETARY OF STATE INVISION OF CORPORATIONS				
Principal Place of Business Mailing Address 6850 W. CENTRAL BLUFF PATH 6850 W. CENTRAL B BEVERLY HILLS FL 34465 BEVERLY HILLS FL 3						OI JUN 28 PM	1:57	V		
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6850 W	ace of Business SENTINEL BLUEF PATH	3. Mailing Address 6850 W SENTINI Suite, Apt. #, etc.	EL BI	UFF PA	TH					
Suite, Apt.		City & State		· <u> </u>		DO NOT WRITI	: IIV THIS SPA		plied For	
Zip	Country	Zip	Coun	trv		59-3666137			Applicable	
						5. Certificate of Status Desired (7. Name and Address of New Re	Fe Fe	e Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Ac	gistered Age	2114		
MYLES, WILLIAM G JR. 6850 W. CENTRAL BLUFF PATH BEVERLY HILLS FL 34465				Street Address (P.O. Box Number is Not Acceptable) 6850 W SENTENEL BLUFF PATH						
			,	City			FL	Zip Code)	
9. This corpo	named entity submits this statement for Signature. Typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)		E: Registere	d Agent signatur	e required	(when reinstating)	DATE		0 May Beto Fees	
11.	UM (N. OFFICERS AND I	15 10M 3 10 AVE. 15	12.	3, A, V	Transport	: ADDITIONS/CHANGES TO OFFI		_	i IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myles, William e Jr. 6850 W. Central Bluff Path Beverly Hills fl 34465	A Delete	ı		685	O W SENTINEL BLUFF	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMAN, RICHARD C 28 SKYLINE DR. THIELLS NY 10984	Delete		E EET ADDRESS -ST-ZIP	A 70 60	ANN V. MYLES SO W. SENTINGL B EVERLY HILLS, FL.		□ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				<i>M</i> . (1)		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an attoress, w	true and accurate and that a	mu ciana	tura chail ha	ava tha i	came lengt there is a tend lender of	ath that I am	i an officer Block 11 or	or director	
SIGNAT	URE:SIGNATURE (AND PYPED OR PI	RINTED NAME OF SHOULD OFFICER	OR DIRECT	TOR		5-24- Date	0/ 74 Days	time Phone #	<u>89</u>	