

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 049 ***150.00

DOCUMENT #P97000009395
1. Entity Name
GREEN INTERNATIONAL USA. PA.

DO NOT WRITE IN THIS SPACE

11031152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3057 NE 16th AVE
Suite, Apt. #, etc.
OAKLAND PK.
City & State
FLORIDA
Zip
33334
Country
USA

3. Mailing Address
3144 Broadway
Suite, Apt. #, etc.
#4, PMB 125
City & State
EUREKA, CA.
Zip
95501
Country
USA

4. FEI Number
65-089-8032
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
~~SHAMIMA~~ ABEDA SULTANA
Street Address (P.O. Box Number is Not Acceptable)
3057 NE 16th AVE
OAKLAND PARK
City
PLAUDERDALE FL
Zip Code
33334

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 Abella DATE 04/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE P	ABEDA SULTANA F.M. 3057 NE 16 th AVE OAKLAND PARK FL 33334	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE VP	NOOR SULTANA F.M. "	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE D	PHILIP JOHN HARDCASTLE	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE D	SHAMIMA SULTANA	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE NAME		TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Shamima Sultana DATE 04/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)