

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083515

Entity Name

GREEN LEAF USA CORP.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90085 010 ***150.00

Principal Place of Business	Mailing Address
SHADY ACRES BLVD. PORT RICHEY FL 34653	6820 SHADY ACRES BLVD. NEW PORT RICHEY FL 34653-3128

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number

59-3609342

Applied For

Not Applicable

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

PASEK, MICHAEL D
4851 85TH AVENUE
PINELLAS PARK FL 33781

Name

Street Address (PO. Box Number is Not Acceptable)

City

FL

Zip Code

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.

ST-ZIP	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

ST-ZIP	OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ST-ZIP	D KRZEMINSKI, MICHAL 6820 SHADY ACRES BLVD. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST-ZIP	D KLOSINSKA, ANETA M 6820 SHADY ACRES BLVD. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (999)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

MICHAL

KAZEMINSKI, PRES.

3/01/00

727-846-0396

SIGNATURE: *Michal Kazeminski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #