

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715923

1. Entity Name

GREEN HILLS PARK WEST NO. 3, INC.

Principal Place of Business

17070 SW 112 CT.
MIAMI FL 33157

Mailing Address

C/O MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI FL 33186-6715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1231690

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KALLICHE, ANTHONY A
BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DR #100
MIAMI FL 33126

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBAUM, MARCIA 17205 SW 113 CT. MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKLENAR, FRED 17211 SW 113 COURT MIAMI, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGON, ELIZABETH 11349 SW 172 ST. MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, STEVE 17150 SW 113 CT VILLA 21 MIAMI, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, TRUDY 17232 SW 113 CT. MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORRINE CARPENTER 17125 S.W. 113 CT. MIAMI FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BADILLO, EMILIA 11327 SW 172 ST MIAMI FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	☒ 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

FREDERICK F. SKLENAR

Date

Daytime Phone #

1/19/00 305-256-9419

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90005 022 ****61.25



DO NOT WRITE IN THIS SPACE