2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 715923** 1. Entity Name GREEN HILLS PARK WEST NO. 3, INC. 01-31-2001 90038 025 ****61.25 Principal Place of Business Mailing Address 17070 SW 112 CT. C/O MIAMI MANAGEMENT MIAMI FL 33157 14275 SW 142 AVE MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1231690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) KALLICHE, ANTHONY A BECKER & POLIAKOFF, PA 5201 BLUE LAGOON DR #100 City Zip Code **MIAMI FL 33126** FL 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITI F ☐ Change ☐ Addition ☐ Delete NAME ROSENBAUM, MARCIA NAME STREET ADDRESS 17205 SW 113 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 osenthal Qelete TITLE TITLE Addition ☐ Change SKLENAR, FRED NAME NAME STREET ADDRESS 17211 SW 113 COURT STREET ADDRESS MIAMI CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 VΡ TITLE TITLE ☐ Delete Change ☐ Addition LIGON, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 11349 SW 172 ST. CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition BADUKKI, ENUKUA NAME STREET ADDRESS 11327 SW 172 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** D ☐ Delete TITLE ☐ Change ☐ Addition SHAPIRO, TRUDY NAME NAME STREET ADDRESS 17232 SW 113 CT. STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP **MIAMI FL 33157**

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CORRINE CARPENTER

17125 S.W. 113 CT.

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition