

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90228 046 \*\*\*\*61.25

**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  
US**

**10024805**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1231690**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CARLOS TRIAY ESQ.**

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

**10570 NW 27th St**

**Suite #103**

City **Miami**

**FL**

Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/12/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BADILLO, EMILIA**  
STREET ADDRESS **11349 SW 172 ST**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☐ Delete  
NAME **SKLENAR, FREDERICK F**  
STREET ADDRESS **17211 SW 113 CT.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☐ Delete  
NAME **ALBERTSON, DONNA**  
STREET ADDRESS **17202 SW 113 CT.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** ☒ Delete  
NAME **OSTACHEV, BARBARA**  
STREET ADDRESS **17104 SW 113 CT.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete  
NAME **OSTACHEV, ALAN**  
STREET ADDRESS **17104 SW 113 CT.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete  
NAME **CORRINE CARPENTER**  
STREET ADDRESS **17126 S.W. 113 CT.**  
CITY-ST-ZIP **MIAMI FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Vi Jones**  
STREET ADDRESS **17159 SW 113 CT**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Change ☒ Addition  
NAME **Judy Beckler**  
STREET ADDRESS **11303 SW 172 ST**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mango Sannicandro**  
STREET ADDRESS **17109 SW 113 CT**  
CITY-ST-ZIP **MIAMI, FL 33157**

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:

*Emilia Badillo Montes*

**Emilia Badillo Montes**

CR2E037 (10/02)