

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90171 020 ****61.25

DOCUMENT # 715953

1. Entity Name

ROLLING GREEN CONDOMINIUM C, INC.

Principal Place of Business

Mailing Address

1501 N.E.191 ST.
 NORTH MIAMI BEACH FL 33179

1501 N.E.191 ST.
 NORTH MIAMI BEACH FL 33179-6201

C0008481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

AS ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1277204

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

7. Name and Address of New Registered Agent

WOLINER, LISA A
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NOTARIUS, JOSEPH R	
STREET ADDRESS	1501 NE 191 ST, APT 209	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEMMA, JAMES	
STREET ADDRESS	1501 NE 191 ST #304	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TUCKER, HYMAN	
STREET ADDRESS	1501 NE 191ST ST #304	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NOTARIUS, FRANCES	
STREET ADDRESS	1501 NE 191 ST #404	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRASNER, HERBERT	
STREET ADDRESS	1501 NE 191. ST APT 406	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FEIRTAG, EVE	
STREET ADDRESS	1501 NE 191ST ST #315	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	

TITLE	Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Notarius	
STREET ADDRESS	apt 209	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL POPKAVE	
STREET ADDRESS	# 411	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM ARLEN	
STREET ADDRESS	apt 404	
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA MURPHY	
STREET ADDRESS	apt 202	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gertrude Russe	
STREET ADDRESS	apt 306	
CITY-ST-ZIP		

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 Sylvia Murphy 8459

CR2E037 (9/99)