

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90100 015 ****61.25

DOCUMENT # 718113

1. Entity Name

GREEN HILLS PARK WEST NO. 5, INC.

Principal Place of Business

Mailing Address

**PARK WEST MANAGEMENT
17070 S.W. 112 COURT
MIAMI FL 33157-3905
US**

**% MIAMI MANAGEMENT
14275 SW 142ND AVE
MIAMI FL 33186
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

59-1297258

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

**ANTHONY A. KALLICHE, ESQ
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR. #33126
MIAMI FL 33126**

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
NAME **PD**
STREET ADDRESS **SOARES, COLIN C**
CITY-ST-ZIP **16805 SW 113TH ST
MIAMI FL 33157** ☒ Delete

TITLE
NAME **PD**
STREET ADDRESS **Leo Kerr Stewart**
CITY-ST-ZIP **11287 SW 169 St.
Miami, FL 33157** ☐ Change ☒ Addition

TITLE
NAME **DS**
STREET ADDRESS **HOLMES, MARGARET**
CITY-ST-ZIP **11262 SW 169TH ST.
MIAMI FL 33157** ☒ Delete

TITLE
NAME **SD**
STREET ADDRESS **Migdalina "Mickey" James**
CITY-ST-ZIP **16845 SW 112 Ct.
Miami, FL 33157** ☐ Change ☒ Addition

TITLE
NAME **D**
STREET ADDRESS **RUSH, BARBARA**
CITY-ST-ZIP **16827 SW 112 CT
MIAMI FL 33157** ☐ Delete

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

TITLE
NAME **D**
STREET ADDRESS **LEWIS, REGINALD**
CITY-ST-ZIP **11334 SW 169TH ST
MIAMI FL 33157** ☒ Delete

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

TITLE
NAME **D**
STREET ADDRESS **JOSEPH, MARIE**
CITY-ST-ZIP **11223 SW 170TH TERRACE
MIAMI FL 33157** ☒ Delete

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

TITLE
NAME **T**
STREET ADDRESS **MOORE, DONALD**
CITY-ST-ZIP **16821 SW 113 AVE
MIAMI FL 33157-3912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E037 (9/01)