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

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90015 049 ****61.25

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DOCUMENT # 752715

1. Entity Name
the Greens Condominum Association, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	275 Fountainbleau Blvd, Suite #140
City & State	Miami
Zip / Country	FL 33172

DO NOT WRITE IN THIS SPACE

4. FEI Number 592046935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Excel Management Assoc.

Street Address (P.O. Box Number is Not Acceptable): 275 Fountainbleau Blvd. #140

Miami, FL 33172

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	
NAME	Barreau, Freddy	
STREET ADDRESS	8821 West Flagler #212	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	V.P.	
NAME	Bustillo, Alberto.	
STREET ADDRESS	8801 West Flagler #210	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	T	
NAME	Polanco, Griselda	
STREET ADDRESS	8841 West Flagler #307	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	S	
NAME	Fernandez, Pedro	
STREET ADDRESS	200 NW 87 Ave #1207	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	
NAME	Martinez, Jose'	
STREET ADDRESS	8801 West Flagler #207	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	D	
NAME	Fonseca, Everardo	
STREET ADDRESS	100 Fountainbleau Blvd. #103	
CITY-ST-ZIP	Miami, FL 33172	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/8/04 305-207-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #