5/21/01-90376-012

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-21-2001 90376 012 ****61.25

DOCUMENT # 757213

1. Entity Name
GREENWICH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Managers Office 1470 NE 123rd. Street North Miami, FL 33161	Same

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 592094391 ☐ 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
LEVINE, PAUL H. 1470 NE 123 St. Managers Office North Miami, FL 33161	Name: Anthony A. Kalliche, Esquire Street Address (P.O. Box Number is Not Acceptable): ~~c/o Becker & Poliakoff, P.A.~~ 5201 Blue Lagoon Drive, Suite 100 City: Miami FL Zip Code: 33126

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: A. Kalliche, Becker + Poliakoff P.A. 5/8/01
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 / STREET ADDRESS / CITY-ST-ZIP	PD SMIT, JOHN A. 1470 NE 123 ST #401 NORTH MIAMI FL 33161	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMMONS, ANTHONY 1470 NE 123 ST NORTH MIAMI FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRIERREZ, JOSE 1470 NE 123 ST #804 NORTH MIAMI FL 33161	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	S HORWEEN, HARRIET 1470 NE 123 ST NORTH MIAMI FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTREICHER, NATHAN, DR 1470 NE 123 ST #901 NORTH MIAMI FL 33161	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ESTREICHER, NATHAN, DR. 1470 NE 123 ST #901 NORTH MIAMI FL 33161	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD STOVICH, LAURANCE 1470 NE 123 ST NORTH MIAMI FL 33161	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	T SICIUS, LAUREN 1470 NE 123 ST NORTH MIAMI FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KREISA, LESTER 1470 NE 123 ST #701 NORTH MIAMI FL 33161	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D SICILIANO, MARIA 1470 NE 123 ST NORTH MIAMI FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: 04/25/01 (305) 895 0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #