

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003661

1. Entity Name
GREEN RIVER, LLC

FILED
01 APR -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5200 Blue Lagoon Drive Suite # 700 Miami, Fl 33126	Mailing Address 5200 Blue Lagoon Drive Suite # 700 Miami, Fl 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 444 BRICKELL AVENUE Suite, Apt. #, etc. Suite # 210 City & State Miami, Fl	3. Mailing Address 444 BRICKELL AVENUE Suite, Apt. #, etc. Suite # 210 City & State Miami, Fl
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4. FEI Number 65-1078320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip 33131	Country Miami-Dade	Zip 33131	Country Miami-Dade
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6. Name and Address of Current Registered Agent
RJVF Corporate Services, Inc.
5200 Blue Lagoon Drive
Suite # 700
Miami, Fl 33126

7. Name and Address of New Registered Agent
Name
RJVF Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.
Suite# 4100
City
Miami, Fl **FL** Zip Code
33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE MGR NAME Rodriguez Velasco, Oscar STREET ADDRESS 445 Grand Bay Drive # 1101 CITY-ST-ZIP Key Biscayne, Fl 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-04/16/01-01006-021
*****50.00 *****50.00

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR RODRIGUEZ Date: 04/02/2001 Daytime Phone #: (305) 372 0095