

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90016 045 \*\*\*\*50.00

**DOCUMENT # L01000004082**

1. Entity Name

**GREEN DIAMOND HOLDINGS, L.L.C.**

Principal Place of Business

**4775 COLLINS AVENUE, APT. 2507  
 MIAMI BEACH FL 33140**

Mailing Address

**4775 COLLINS AVENUE, APT. 2507  
 MIAMI BEACH FL 33140**

**930356**

2. Principal Place of Business

**4775 COLLINS AVENUE**

Suite, Apt. #, etc.

**APT. 2507**

City & State

**MIAMI BEACH, FLORIDA**

Zip

**33140**

Country

3. Mailing Address

**1313 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

**SUITE 301**

City & State

**CORAL GABLES, FLORIDA**

Zip

**33134**

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANCHEZ-GALARRAGA, JORGE  
 1313 PONCE DE LEON BLVD., SUITE 301  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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)

**FEBRUARY 21, 2002**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **M/P** ☐ Delete  
 NAME **NILDA FALCON DE GIOVINAZZO**  
 STREET ADDRESS **4775 COLLINS AVENUE, APT.2507**  
 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**FEBRUARY 21, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)