

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

1/1:

01-13-2003 90817 049 \*\*\*\*61.25

**DOCUMENT # N00000000654**

1. Entity Name  
**GREENWAYS CONDOMINIUM OF CORAL GABLES ASSOCIATIO  
N. INC.**



Principal Place of Business  
**1500 SAN RENO AVENUE  
SUITE 247 A  
CORAL GABLES FL 33134**

Mailing Address  
**1500 SAN RENO AVENUE  
SUITE 247 A  
CORAL GABLES FL 33134**

**55006088**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**730 CORAL Way**  
Suite, Apt. #, etc.  
**102**

3. Mailing Address  
**730 CORAL Way**  
Suite, Apt. #, etc.  
**102**

City & State  
**CORAL GABLES**

City & State  
**CORAL GABLES**

Zip  
**33134** Country  
**USA.**

Zip  
**33134** Country  
**USA.**

4. FEI Number **65-1055477** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, JORGE L  
1933 SW 27TH AVENUE  
SUITE 201  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **SIDNEY ARIAS**

Street Address (P.O. Box Number is Not Acceptable)  
**730 CORAL Way Apt. 102**

City **CORAL GABLES** FL Zip Code **33134**

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 **9/18/02**

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

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 <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>KIMURA, VICTOR</b>	
STREET ADDRESS <b>1500 SAN RENO AVENUE SUITE 247 A</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>VIDAL, FERNANDO</b>	
STREET ADDRESS <b>1330 SAN RENO AVENUE SUITE 305</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GONZALEZ, JORGE L</b>	
STREET ADDRESS <b>1933 SW 27TH AVENUE, SUITE 201</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PRESIDENT, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIDNEY ARIAS</b>	
STREET ADDRESS <b>730 CORAL Way Apt. 102</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL. 33134</b>	<b>(D)</b>
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARIO SANCHEZ-CROMBIE</b>	
STREET ADDRESS <b>730 CORAL Way APT 203</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL. 33134</b>	<b>(D)</b>
TITLE <b>VICE-PRESIDENT-TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SECRETARY STD</b>	
STREET ADDRESS <b>CECILIA TROUSSAINT</b>	
CITY-ST-ZIP <b>750 CORAL Way APT 303</b>	<b>(D)</b>
CITY-ST-ZIP <b>CORAL GABLES, FL. 33134</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIDNEY ARIAS** DATE **9/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR