

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0043978

DOCUMENT # N93000004037

1. Entity Name

ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.

04-26-2001 90134 032 ****61.25

Principal Place of Business

1601 NE 191 ST
 B-310
 MIAMI FL 33179

Mailing Address

1601 NE 191 ST
 B-310
 MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLAPION, MIRIAM
1601 NE 191 ST
B-101
N. MIAMI BEACH FL 33179

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 _____ (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	M	<input type="checkbox"/> Delete
NAME	ALVAREZ, ROBERTO	
STREET ADDRESS	1601 N.E. 191 STREET B-113	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEISS, DORIS	
STREET ADDRESS	1601 NE 191 ST #213	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDLER, ESTHER	
STREET ADDRESS	1601 NE 191 ST #310	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLAPION, MIRIAM	
STREET ADDRESS	1601 NE 191 ST #101	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALESQUEZ, ANGELO	
STREET ADDRESS	1601 NE 191 ST #119	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	M	<input type="checkbox"/> Delete
NAME	SHANTY, LYNDA	
STREET ADDRESS	1601 N.E. 191 STREET #B211	
CITY - ST - ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Miriam Slapion **MIRIAM SLAPION** 4/19/01 305-940-7692
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)