

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90162 017 ****61.25

DOCUMENT # N93000004037

1. Entity Name
ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1601 NE 191 ST
B-310
MIAMI FL 33179**

Mailing Address
**1601 NE 191 ST
B-310
MIAMI FL 33179**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1601 NE 191ST ST

3. Mailing Address
1601 NE 191ST ST

Suite, Apt. #, etc.
B-304

Suite, Apt. #, etc.
B-304

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33179 miami/Dade

Zip Country
33179 miami/Dade

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Carol Fleming**
Street Address (P.O. Box Number is Not Acceptable)
1601 NE 191ST ST # 304
City **Miami** FL Zip Code **33179**

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 **Carol Fleming president Carol Fleming** DATE **1/5/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------------|--|
| TITLE NAME | M ALVAREZ, ROBERTO | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1601 N.E. 191 STREET B-113 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE NAME | M FLEMING, CAROL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1601 NE 191 ST, #304 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE NAME | TD SANDLER, ESTHER | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1601 NE 191 ST #310 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE NAME | PD SLAPION, MIRIAME | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1601 NE 191 ST #101 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE NAME | VP LIRIANO, ANTONIO | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1601 NE 191 ST, #205 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE NAME | SD SHANTY, LYNDA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1601 N.E. 191 STREET #B211 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |

| | | |
|----------------|---|--|
| TITLE NAME | M Mauriceo Barreda | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1601 NE 191ST ST #216 | |
| CITY-ST-ZIP | Miami, FL. 33179 | |
| TITLE NAME | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | TD Doris Weis's | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1601 NE 191ST ST #213 | |
| CITY-ST-ZIP | Miami, FL. 33179 | |
| TITLE NAME | M Margarita Shapi | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1601 NE 191ST ST #416 | |
| CITY-ST-ZIP | Miami, FL. 33179 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2037 (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: **SIGNATURE** **Carol Fleming** 1-5-03 305-933-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR