

**2000 UNIFORM BUSINESS REPORT (UBR)** *Amended AR \$101.25*

**DOCUMENT #** *P 93000087028*  
**1. Entity Name**  
 GREEN DEVELOPMENT ASSOCIATES, INC.

**FILED**  
 00 JUN 19 AM 9:43  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**Principal Place of Business**      **Mailing Address**  
 701 Brickell Avenue      701 Brickell Avenue  
 Suite 3150      Suite 3150  
 Miami FL 33131      Miami FL 33131

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number** 65-0457457      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 CMC GROUP, INC  
 701 Brickell Avenue  
 Suite 3150  
 Miami FL 33131

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

**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, 2000 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                      | President <input type="checkbox"/> Delete           |
| NAME                       | Ugo Colombo   |
| STREET ADDRESS             | 701 Brickell Ave. STE 3150                          |
| CITY-ST-ZIP                | Miami FL  |
| TITLE                      | Secretary <input type="checkbox"/> Delete           |
| NAME                       | Michael Mackay                                      |
| STREET ADDRESS             | 701 Brickell Ave. STE 3150                          |
| CITY-ST-ZIP                | Miami, FL   |
| TITLE                      | Assistant Secretary <input type="checkbox"/> Delete |
| NAME                       | Esther F. Ridenhour                                 |
| STREET ADDRESS             | 701 Brickell Ave. STE 3150                          |
| CITY-ST-ZIP                | Miami FL  |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | Arthur J. Murphy  |
| STREET ADDRESS  | 701 Brickell Ave. STE 3150  |
| CITY-ST-ZIP   | Miami FL  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME  |   |
| STREET ADDRESS  | 400003325724-3  |
| CITY-ST-ZIP   | -07/18/00-01009-009<br>*****35.00 *****35.00  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME  |   |
| STREET ADDRESS  | 400003325724-3  |
| CITY-ST-ZIP   | -07/18/00-01009-010<br>*****26.25 *****26.25  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

**13. 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:** *Esther F. Ridenhour*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KE**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)