

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717409

1. Entity Name
ROLLING GREEN CONDOMINIUM A, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90087 044 ****61.25

Principal Place of Business
1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179

Mailing Address
1701 N.E. 191ST.
NORTH MIAMI BEACH FL 33179-4200

00006307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1309390		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BYRD, BEATRICE 1701 NE 191 ST 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: *Beatrice Byrd* DATE: 1.18.00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P BYRD, BEATRICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, BEATRICE	NAME	
STREET ADDRESS	1701 N.E. 191 ST.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	VP FISHBEIN, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	VP CHAVES, HELEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBEIN, ROBERT	NAME	CHAVES, HELEN
STREET ADDRESS	1701 NE 191 ST	STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N MIAMI BEACH FL 33179	CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	T BREMEN, BERNICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREMEN, BERNICE	NAME	
STREET ADDRESS	1701 N.E. 191 ST.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	S KAY, MYRA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, MYRA	NAME	
STREET ADDRESS	1701 N.E. 191 ST.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	CITY-ST-ZIP	
TITLE	D CHAVES, HELEN <input checked="" type="checkbox"/> Delete	TITLE	D BEFIORE, SANTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, HELEN	NAME	BEFIORE, SANTO
STREET ADDRESS	1701 NE 191 ST	STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D MOSCHOPOULOS, JERRY <input type="checkbox"/> Delete	TITLE	D Fishbein, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCHOPOULOS, JERRY	NAME	Fishbein, Robert
STREET ADDRESS	1701 NE 191ST STREET	STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	NO MIAMI BCH FL	CITY-ST-ZIP	N MIAMI BEACH FL 33179

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: *Beatrice Byrd* DATE: 1.18.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-947-4662

CR2E037 (9/99)