

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716915

1. Entity Name

GREEN HILLS PARK WEST NO. 4, INC.

Principal Place of Business

17070 S W 112TH COURT  
MIAMI FL 33157

Mailing Address

C/O MIAMI MANAGEMENT  
14275 SW 142ND AVE.  
MIAMI FL 33186-6715  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A  
BECKER & POLIAKOFF, PA  
5201 BLUE LAGOON DR. #100  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DV	HOROWITZ, HARRY	11377 SW 171 ST.	MIAMI FL	<input type="checkbox"/>
VPD	WARSHOWER, RUTH	16926 SW 113 CT.	MIAMI FL 33157	<input type="checkbox"/>
SD	REICHMAN, LENORE	11352 SW 169 ST.	MIAMI F 33157	<input checked="" type="checkbox"/>
TD	FIXTURE, DEBBIE	16960 SW 113 CT.	MIAMI FL 33157	<input type="checkbox"/>
D	GOLDMAN, NATHAN	16925 SW 113TH COURT	MIAMI FL 33157	<input type="checkbox"/>
D	PASTEUR, REGINALD	11385 SW 169 ST.	MIAMI FL 33157	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90005 023 \*\*\*\*61.25

712328



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1267746

Applied For  
Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required