(305)670-1000

DOCUMENT # A9500000459 1. Entity Name GREEN VISTA APARTMENTS, LTD.									*
						OF STATE RPORATIONS			Т
•	ee of Business KENDALL DR.	SUITE 200	Mailing Address 7700 NORTH KENDALL DR.		00 APR 27	AM 3: 05			
Principal Place of Business 3. Mailing Address			s			<u> </u>	OMA OBJAK BIJAK OB. 	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			ACE	
City & Stat	e ·	City & State	City & State		4. FEI Number 65-0565633			Applied F Not Appli	
Zip	Country	Zip	Cour	ntry	5. Certificate	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New	Registered Ag	ent	
				Name					
7700 NOI	elizabeth a esq. Rth Kendall dr.			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 20 MIAMI FL		-		City		······································	FL	Zip Code	
		<u> </u>		<u> </u>				<u> </u>	
	named entity submits this statement	for the purpose of char	iging its register	ed office or regi	stered agent, or both	n, in the State of F	orida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	ed Agent signature rec	tuired when reinstating)		DATE		-
9. Capital Co as Shown	on record.	in FLORI	DA to date.		72,695.00	SEE REVE	RSE SIDE FOR	O DEPT. OF STATE FEE INFORMATIO	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINE	SS ENTITY M d on the form	IUST BE REG n; an amendo	NSTERED AND Ament must be filed	CTIVE WITH TH I to change a g	IIS OFFICE. eneral partr	er.	1
12.		ER INFORMATION	13.		<u> </u>		IANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	M33260 DESIGN CORPORATION OF AMERICA, II 7700 NORTH KENDALL DR., STE. 200		l l	EET ADDRESS					CR2E003 (57.1.1)
DOCUMENT#	MIAMI FL 33156 P95000020988								
NAME STREET ADDRESS	GREEN VISTA APARTMENTS, I 490 OPA-LOCKA BLVD., #20	NC.		EET ADORESS	30	900003260669 -05/19/0001134010			
CITY-ST-ZIP	OPA LOCKA FL 33054		СПУ	/-ST-ZIP	<u> </u>	****\$26.25 ****\$26.2			
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DOCUMENT#			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP					
14. i hereby of indicated the received Design	certify that the information supplied with a courage and accurate an or trustee empowered to execute the corporation of from	ith this filing does not quite that my signature sha his report as required be trice, H, g	ualify for the exe all have the same by Chapter 620, -/orida	emption stated in e legal effect as Florida Statutes Prporation	n Section 119.07(3)(i if made under oath; n, its Gene), Florida Statutes that I am a Gener ral Parti	I further certifical Partner of the	y that the informat e limited partners	ion hip or

2000 UNIFORM BUSINESS REPORT (UBR)