

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90117 050 \*\*\*\*61.25

0028016

**DOCUMENT # 716915**

1. Entity Name

**GREEN HILLS PARK WEST NO. 4, INC.**

Principal Place of Business

17070 S W 112TH COURT  
MIAMI FLA 33157

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1267746**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>ROBERTS, BOBBIE</b>	<b>17004 SW 113CT</b>	<b>MIAMI FL 33176</b>	<input type="checkbox"/>
	<b>VPD</b>	<b>WARSHOWER, RUTH</b>	<b>16926 SW 113 CT.</b>	<input checked="" type="checkbox"/>
	<b>TD</b>	<b>FIXTURE, DEBBIE</b>	<b>16960 SW 113 CT.</b>	<input type="checkbox"/>
	<b>D</b>	<b>GOLDMAN, NATHAN</b>	<b>16925 SW 113TH COURT</b>	<input checked="" type="checkbox"/>
	<b>SD</b>	<b>COCANONER, GINNY</b>	<b>16967 SW 112TH CT</b>	<input checked="" type="checkbox"/>
	<b>B</b>	<b>CASTILLO, MARY</b>	<b>16904 SW 113 CT</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>VPD</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>SD</b>	<b>Una Cunningham</b>	<b>11367 SW 119 St.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>President D</b>			<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)