NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 26 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717409

1. Entity Name
ROLLING GREEN CONDOMINIUM A

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1701 NE 191 ST.	1701 NE 191 ST
Suite, Apt. #, etc. 120	Suite, Apt. #, etc. 5
City & State N. MIAMI BEACH FL.	City & State M
Zip 33179 Country USA	Zip E Country

4. FEI Number 59-1309390 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BEATRICE Gordon Byrd

Street Address (P.O. Box Number is Not Acceptable)
1701 N.E. 191st St Condo A #120

City MIAMI FL Zip Code 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beatrice G Byrd Beatrice G. Byrd 3.4.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - D
NAME	BEATRICE G. BYRD - D
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	VICE-PRESIDENT - D
NAME	LUIS GUSTAVO FALLAS - D
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL. 33179
TITLE	SECRETARY - D
NAME	MYRA KAY - D
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	TREASURER - D
NAME	BERNICE BREMEN - D
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	DIRECTOR
NAME	MURRAY JACOBS
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL. 33179
TITLE	DIRECTOR
NAME	JUSTO SERGIO RUIZ
STREET ADDRESS	1701 NE 191 ST
CITY-ST-ZIP	N. MIAMI BEACH FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	300013698493
STREET ADDRESS	03/07/03--01079--002 **70.00
CITY-ST-ZIP	
TITLE	
NAME	300013698493
STREET ADDRESS	03/07/03--01079--003 **52.50
CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	300013698493
STREET ADDRESS	03/26/03--01066--010 **61.25
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice G Byrd 3.4.03 305-947-4662