

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716027

1. Entity Name

ROLLING GREEN CONDOMINIUM D, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90072 012 ****61.25

Principal Place of Business

1401 NE. 191 ST.
N. MIAMI BEACH FL 33179

Mailing Address

1401 NE. 191 ST.
N. MIAMI BEACH FL 33179-6104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1274688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEEDELMAN, GOLDIE
1401 NE 191ST ST #206
NO MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

PRIETO, LIA

Street Address (P.O. Box Number is Not Acceptable)

1401 NE 191 ST APT 117

City

N. MIAMI BEACH

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida.

SIGNATURE

Lia L. Prieto

LIA L. PRIETO

3/16/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	MC FADDEN, WILLIE	
STREET ADDRESS	1401 NE 191ST., #303	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLOSBERG, RUTH	
STREET ADDRESS	1401 NE 191 ST APT 218	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S D	<input type="checkbox"/> Delete
NAME	NEEDELMAN, GOLDIE	
STREET ADDRESS	1401 NE 191 ST APT 206	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FORTUNATO, JOSE	
STREET ADDRESS	1401 NE 191ST ST #402	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRIETO, LIA	
STREET ADDRESS	1401 NE 191ST. 3405 APT. 117	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEWORM, BELLA	
STREET ADDRESS	1401 NE 191 STREET, APT. 405	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, SELMA	
STREET ADDRESS	1401 NE 191 ST. APT. 210	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMKAY, MIRIAM	
STREET ADDRESS	1401 NE 191 ST. APT. 212	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	R. S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JITKA	
STREET ADDRESS	1401 NE 191 ST. APT 201	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bella Meworm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 305-947-6011
Date Daytime Phone #

CR2E037 (9/99)