

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90970 019 ****61.25

DOCUMENT # 716027

1. Entity Name
ROLLING GREEN CONDOMINIUM D, INC.



Principal Place of Business
**1401 NE 191 ST.
N. MIAMI BEACH FL 33179**

Mailing Address
**1401 NE 191 ST.
N. MIAMI BEACH FL 33179**

11021382



2. Principal Place of Business
1401 NE 191 ST.
Suite, Apt. #, etc.

3. Mailing Address
C/O J.R. Gonzalez
Suite, Apt. #, etc. **F 33065, INC**
11936 SW 8th STREET

☒ CHECK HERE IF MAKING CHANGES

City & State
N. Miami Beach, FL
Zip
33179
Country
U.S.A.

City & State
Miami, FL
Zip
33184
Country
U.S.A.

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

7. Name and Address of New Registered Agent

THOMPSON, JITKA
1401 NE 141 ST
APT 201
NO MIAMI BEACH FL 33179

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELANEO, WENDY 1401 NE 141 ST, APT 402 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, DEAN 1401 NE 141 ST, APT 404 N. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD NEEDLEMAN, GOLDIE 1401 NE 191 ST, APT 206 N. MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS THOMPSON, JITKA 1401 NE 141 ST, APT 201 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYBAR, FREDDIE 1401 NE 141 ST, APT 416 NO. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEWORM, BELLA 1401 NE 191 STREET, APT. 405 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melamed, Wendy 1401 NE 191 ST, #402 N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WACHOLDER, NORMA 1401 NE 191 ST, #104 N. Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Thompson, JITKA 1401 NE 191 ST, #201 N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aybar, Freddie 1401 NE 191 ST, APT. 416 N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E037 (10/02)

SIGNATURE: X SIGNATURE REQUIRED