

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000302

1. Entity Name

GFH/NOTE I, LTD

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 27 AM 10:43

Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

2601 S. BAYSHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1775

City & State

COCONUT GROVE, FL

DUE BY MAY 1, 2002

4. FEI Number

65-1082068

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

USA.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R

201 ALHAMBRA CIRCLE, SUITE 601

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SITERRY A. STANLEY

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

2601 S. BAYSHORE DR. #1775

COCONUT GROVE, FL

FL

Zip Code

33133

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 the entity.

DATE

4/28/02

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F9800000 2984  
NAME GREENSTREET MANAGEMENT, INC.  
STREET ADDRESS 2601 S. BAYSHORE DRIVE SUITE 1775  
CITY-ST-ZIP COCONUT GROVE FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005637542--9

05/29/02 01033 003

\*\*\*2276.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OP \$385.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GREENSTREET MANAGEMENT, INC

SIGNATURE:

SIGNATURE

4/28/02

305-858-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR25003 (9/01)