

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14514

1. Entity Name

GREEN-EAST #2 LIMITED

9999
Misc Rool

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

300 GRECO AVENUE
CORAL GABLES FL 33146

Mailing Address

300 GRECO AVENUE
CORAL GABLES FL 33146-1811

2. Principal Place of Business

10165 NW 19 STREET

3. Mailing Address

10165 NW 19 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2289460

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W.
300 GRECO AVENUE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

EASTON, EDWARD W

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

10165 NW 19 STREET

City

MIAMI, FLORIDA

FL

Zip Code

33172

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

Edward W. Easton

04/07/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P92000012963
NAME 7900 BISCAYNE CORP.
STREET ADDRESS 7900 RED ROAD, SUITE 11
CITY - ST - ZIP MIAMI FL 33143

DOCUMENT # 458196
NAME EASTON-BABCOCK & ASSOCIATES, INC.
STREET ADDRESS 300 GRECO AVE
CITY - ST - ZIP CORAL GABLES FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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)(i), 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

SIGNATURE:

SIGNATURE REQUIRED

Edward W. Easton 04/07/2000

(305) 593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FORM 1000-1-00