2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **A97000001811**

1. Entity Name
CENTRES GREENWELL, LTD.

Principal Place of Business	Mailing Address
2 DATRAN CENTER, SUITE 1528	C/O CENTRES, INC., TWO DATRAN CENTER #1528
	9130 S. DADELAND BLVD.
MIAMI FL	MIAMI FL
33156	33156

2. Principal Place of Business	3. Mailing Address
9130 S. DADELAND BLVD., #1528	C/O CENTRES INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. DADELAND BLVD., #1528
City & State MIAMI FL	City & State MIAMI FL
Zip 33156 / Country	Zip 33156 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1904933** — 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
CENTRES GREENWELL, INC.	Name: CHARLTON DAVID K
2 DATRAN CENTER, SUITE 1528	Street Address (P.O. Box Number is Not Acceptable): 9130 S. DADELAND BLVD., #1528
MIAMI FL	City: MIAMI FL Zip Code: 33156
33156 US	

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 **DAVID K. CHARLTON** — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE **04/12/2001**

9. Capital Contributions as Shown on record. 5,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,000.00

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 #		STREET ADDRESS	9130 S. DADELAND BLVD., #1528
NAME	CENTRES GREENWELL, INC.		
STREET ADDRESS	%CENTRES, INC. 3315 NORTH 124TH ST., STE E	CITY-ST-ZIP	MIAMI FL 33156
CITY-ST-ZIP	BROOKFIELD WI 53005		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: DAVID K. CHARLTON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — SVST — Date 04/12/2001 — Daytime Phone #

CR2E003 (11/00)