

2001 UNIFORM BUSINESS REPORT (UBR)

0010314 AF

DOCUMENT # L93000000224

1. Entity Name
HARWIN GREEN INVESTORS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 3:14

Principal Place of Business
% NADIA S. EDWARDS, CPA
290-174TH ST., SUIT 1510
MIAMI BEACH FL 33160

Mailing Address
% NADIA S. EDWARDS, CPA
290-174TH ST., SUIT 1510
MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0425785
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NADIA S. EDWARDS CPA
290 174TH ST
SUITE 1510
MIAMI FL 33131

7. Name and Address of New Registered Agent
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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MEM	R.V. PARK ASSOCIATES	290-174TH ST., SUITE 1510	<input type="checkbox"/>
		MIAMI FL 33131		
	MEM	RUHL, DAN H JR.	HCR BOX 6400	<input checked="" type="checkbox"/>
		ST. GEORGE ISLAND FL 32328		
	MEM	RUHL, BARBARA	HCR BOX 6400	<input checked="" type="checkbox"/>
		ST. GEORGE ISLAND FL 32328		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AVI HARPAZ P. OF A.H.D. REAL ESTATE LTD 3/2/01 (305) 794-8163
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)