## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **L99000000207** 1. Entity Name

CITY-ST-ZIP

GREENVIEW DEVELOPMENT, LLC

07-30-2002 90002 017 \*\*\*\*50.00 Principal Place of Business Mailing Address 10155 NW 23RD CT. 10155 NW 23RD CT. COLLIO **CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 22-3464242 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENEDETTO, ROSEMARY 10155 NW 23RD CT. Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2 1 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE □ Change ☐ Addition BENEDETTO, ROSEMARY NAME NAME CR2E083 STREET ADDRESS 10155 NW 23RD CT. STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NĂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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.

Daytime Phone #

**FILED** 

Jul 30, 2002 8:00 am Secretary of State