

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-14-2001 90223 014 ****61.25

DOCUMENT # N00000002849

1. Entity Name

GREENBROOK NEIGHBORHOOD ASSOCIATION INC.

Principal Place of Business

20606 NE 9TH PL.
 N. MIAMI BCH FL 33179

Mailing Address

20606 NE 9TH PL.
 N. MIAMI BCH FL 33179

2. Principal Place of Business

20617 N.E. 9TH PL

3. Mailing Address

20617 N.E. 9TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI, BCH FL

City & State

N. MIAMI, BCH FL

Zip

33179

Country

US

Zip

33179

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, PAMELA
20617 NE 9TH PL
N. MIAMI BCH FL 33179

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: **PD**
 NAME: **CHONIN, NEIL**
 STREET ADDRESS: **20606 NE 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH FL 33179**
☒ Delete

TITLE: **VD**
 NAME: **DOUGLAS, PAMELA**
 STREET ADDRESS: **20617 NE 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH FL 33179**
☐ Delete

TITLE: **SD**
 NAME: **MESSIAH, SARAH**
 STREET ADDRESS: **20627 NE 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH FL 33179**
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President**
 NAME: **Pamela Douglas**
 STREET ADDRESS: **20617 N.E. 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH, FL 33179**
☒ Change ☒ Addition

TITLE: **Vice President**
 NAME: **Joe R. Alvarez**
 STREET ADDRESS: **20637 N.E. 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH, FL 33179**
☒ Change ☒ Addition

TITLE: **Treasurer**
 NAME: **Ludmila C. Etienne**
 STREET ADDRESS: **841 N.E. 206th Street**
 CITY-ST-ZIP: **N. MIAMI BCH, FL 33179**
☒ Change ☒ Addition

TITLE: **Director**
 NAME: **Victor Alvarado**
 STREET ADDRESS: **20617 N.E. 9TH PL**
 CITY-ST-ZIP: **North MIAMI BCH, FL 33179**
☐ Change ☒ Addition

TITLE: **Director**
 NAME: **Gary Marshall**
 STREET ADDRESS: **945 N.E. 207th Ave**
 CITY-ST-ZIP: **North MIAMI BCH, FL 33179**
☐ Change ☒ Addition

TITLE: **Director**
 NAME: **NEIL CHONIN**
 STREET ADDRESS: **20606 NE 9TH PL**
 CITY-ST-ZIP: **N. MIAMI BCH, FL 33179**
☐ Change ☒ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)