

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90341 008 \*\*\*\*70.00

**DOCUMENT # N49971**

1. Entity Name

**GREEN BRIAR WEST TOWN HOUSES ASSOCIATION OF WEST**

Principal Place of Business

9652 SW 20TH TER  
 MIAMI FL 33165  
 US

Mailing Address

9652 SW 20TH TER  
 MIAMI FL 33165  
 US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 0837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI, FL

4. FEI Number

65-0350045

Applied For

Not Applicable

Zip

Country

Zip

Country

33265-0837

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

INFANTE, ISABEL  
 9652 SW 20TH TER  
 MIAMI FL 33165

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	INFANTE, ISABEL	
STREET ADDRESS	9652 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AMADOR, JORDAN	
STREET ADDRESS	9629 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALLENDER, CECIL H	
STREET ADDRESS	9632 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	VALDES, FAUSTO	
STREET ADDRESS	9505 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERRER, RAMON	
STREET ADDRESS	9501 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA GONZALEZ	
STREET ADDRESS	9544 SW 20th TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	AVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA GARCIA	
STREET ADDRESS	9548 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA GUIJARRO	
STREET ADDRESS	9617 SW 20TH TER	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Isabel Infante* **REQUISABEL INFANTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2001 (305)223-1435 Ext

Date

Daytime Phone #

227

CR2E037 (10/00)

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