

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 31 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49971
1. Entity Name
**GREEN BRIAR WEST TOWN HOUSES ASSOCIATION
OF WESTCHESTER, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9652 SW 20th Terr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 0837
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI, FL

Zip
33165 Country
U.S.A.

Zip
33265-0837 Country
USA

4. FEI Number
65-0350045

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ISABEL INFANTE

Street Address (P.O. Box Number is Not Acceptable)
9652 SW 20th Terr

City
MIAMI FL Zip Code
33165

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ISABEL INFANTE 9652 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDRA GONZALEZ 9544 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008724909 10/31/02--01049--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MARIA GUITARRO 9617 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMALIA GARCIA 9620 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDO VILLA 9557 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHRISTIAN A INFANTE 9652 SW 20th Terr MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Isabel Infante President/D. 10/28/02 305 2251434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/6/02