2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
01-29-2001 90016 031 ***150.00

DOCUMENT # P00000043138

1. Entity Name
AMBERWOOD REALTY CORP.

Principal Place of Business	Mailing Address
C/O LEE C. SCHMACHTENBERG. P.A. 1533 SUNSET DRIVE. SUITE 201 CORAL GABLES FL 33143	C/O LEE C. SCHMACHTENBERG. P.A. 1533 SUNSET DRIVE. SUITE 201 CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Amberwood Apts			
Suite, Apt # etc: 301 Oak Rose Lane		Suite, Apt #, etc.	
City & State: Tampa FL		City & State	
Zip: 33612	Country: Hills	Zip	Country

4. FEI Number: 59-3643799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name: Green Realty Management % Amberwood Apartment
Street Address (P.O. Box Number is Not Acceptable): 301 Oak Rose Lane
City: Tampa FL Zip Code: 33612

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: Steve Green President DATE: 1-16-01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREEN, STEVEN		NAME	
STREET ADDRESS	405 TARRYTOWN ROAD, #421		STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10607		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-16-01 914 968-3157