

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90107 004 ***150.00

DOCUMENT # P00000043138

1. Entity Name
AMBERWOOD REALTY CORP.

Principal Place of Business

AMBERWOOD APTS
301 OAK ROSE LANE
TAMPA FL 33612

Mailing Address

C/O LEE C. SCHMACHTENBERG, P.A.
1533 SUNSET DRIVE, SUITE 201
CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

405 TARRYTOWN Rd #405
White Plains, N.Y.
10607
Westchester

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

7. Name and Address of New Registered Agent

SCHMACHTENBERG, LEE C
GREEN REALTY MANAGEMENT/C/O AMERWOOD APT
301 OAK ROSE LANE
TAMPA FL 33612

Name
Amberwood Apts. / Steven Green
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

[Signature]

Steven Green, Pres.

4/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<input type="checkbox"/> Delete
NAME	GREEN, STEVEN	
STREET ADDRESS	405 TARRYTOWN ROAD, #421	
CITY-ST-ZIP	WHITE PLAINS NY 10607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Green **4/16/02** **914-968-3157**
 Date Daytime Phone #

CR2E034 (9/01)