

**2000 UNIFORM BUSINESS REPORT (UBR)**

**AMENDED UBR**

DOCUMENT # *PA 300008702d*

1. Entity Name

GREEN INVESTORS, INC

FILED

00 JUL 27 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701 Brickell Avenue  
Suite 3150  
Miami, FL 33131

701 Brickell Avenue  
Suite 3150  
Miami, FL 33131-2828

*Handwritten initials*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*05/31/2000 90100 007 \$ 35.00*

Zip

Country

Zip

Country

4. FEI Number 65-0457462

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

CMC GROUP, INC  
701 Brickell Avenue  
Suite 3150  
Miami, FL 33131

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

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, 2000 Fee will be \$500.00**  
**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	President <input type="checkbox"/> Delete
NAME	Ugo Colombo
STREET ADDRESS	701 Brickell Ave. STE 3150
CITY-ST-ZIP	Miami, FL
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Michael Mackey
STREET ADDRESS	711 Third Avenue 19th Floor
CITY-ST-ZIP	New York, NY
TITLE	Assistant Secretary <input type="checkbox"/> Delete
NAME	Esther F. Ridenhour
STREET ADDRESS	701 Brickell Ave. STE 3150
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur J. Murphy
STREET ADDRESS	701 Brickell Ave. STE 3150
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003331061
STREET ADDRESS	-09/13/00--01022--001
CITY-ST-ZIP	*****26 25 *****26 25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Esther F. Ridenhour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #