May 06, 1999 8:00 am Secretary of State

05-06-1999 90193 007 \*\*\*150.00

Mailing Address

4851 NW 79 AVE



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P9400064631**1. Corporation Name

Principal Place of Business

4851 NW 79 AVE

GREENHAUS DEVELOPMENT, INC.

STE 2   Miami Fl 3316				DO NOT WRITE IN THIS SPACE			
US	•	US US			3. Date Incorporated or Qualifed		
					08/31/1994		
2. Principal P	ace of Business	2a. Mailing Address	lailing Address		4. FEI Number	Ap	plied For
21 26					65-0524353	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75	
22		— · · ·	27		5. Certifcate of Status Desired	Fee Re	I
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be
23		<b>├</b> ──	28		Trust Fund Contribution	Added t	, ,
Zip	Country Zip Cou			у	8. This corporation owes the current year In	tangible	
24	25	29	30		Personal Property Tax.		<b>⊡</b> No
9. Name and Address of Current Registered Agent			I	10. Name and Address of New Registered Agent			
				81 Name			
BLONSKY, DANIEL F Aragon Martin Burlington & Crockett, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)			
				Street Address (F.O. Box Nulliber is Not Acceptable)			
2699 SOUTH- <del>Bayshore dr.,</del> Penthouse Miamt Fl 33133			83	3			
						11 1	
			84	1	Fi	85 Zip (	j
11 Pursuant	to the provision of ections (07/0	502 and 607 1508. Florida Statute	s, the above	ve-named c	orporation submits this statement for the purpose of	f changing its	registered
11 Pursuant to the provision to be clions 607/0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and composition of, Section 607.0505, Florida Statutes.							
agent. I am taminar with and acceptibe obligations of, Section 607.0505, Florida Statutes.							
SIĞNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE: I	Registered An	ant signature rec	uired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE	·		Change	Addition
NAME	VILLAVERDE, RICHARD J		1.2 NAME				
STREET ADDRESS	4851 NW 79 AVE STE 2		13 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	Į.			\
TITLE	DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	1			
				ET ADDRESS			,
STREET ADDRESS			2.4 CITY-				
			3.1 TITLE			Change	☐ Addition
			3.2 NAME				_
NAME				ET ADDRESS			
STREET ADDRESS				ŀ			
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE			☐ Change	Addition
			4.2 NAM				_
NAME			1	ET ADDRESS			Ì
STREET ADDRESS							
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			Change	Addition
TITLE			5.1 TITLE 5.2 NAME	<b>I</b>		C outlings	
NAME				ET ADDRESS			-
STREET ADDRESS			1	1			ļ
CITY-ST-ZIP	<u> </u>	C Delete	5.4 CITY- 6.1 TITLE			☐ Change	☐ Addition
TITLE		☐ DELETE	1	1		☐ change	☐ Add@0ll
NAME			6.2 NAME	·			İ

14. 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 annual report or supplied with an analysis 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 of the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block-12 or Block 13 if chapter 607 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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