

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000020988**

1. Entity Name

**GREEN VISTA APARTMENTS, INC.****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90241 033 \*\*\*158.75

**A0068017**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
490 OPA LOCKA BLVD. #20 OPA LOCKA FL 33054	490 OPA LOCKA BLVD. #20 OPA LOCKA FL 33054

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	65-0565625	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILLIAMS, BALDWIN S 490 OPA-LOCKA BOULEVARD SUITE 20 OPA-LOCKA FL 33054

7. Name and Address of New Registered Agent		
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, 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	
TITLE	PD
NAME	WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS	490 OPA LOCKA BLVD., #20
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D
NAME	HIGGINS, WILLIAM
STREET ADDRESS	429 MAPLE BLUFF CIRCLE
CITY-ST-ZIP	MELBOURNE FL 32940-1836
TITLE	STD
NAME	FELTON, MILTON
STREET ADDRESS	18800 NW 2 AV 122CC
CITY-ST-ZIP	MIAMI FL 33169
TITLE	D
NAME	LOGAN, WILLIE
STREET ADDRESS	18870 NW 53 PL
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D
NAME	SABIR, NASHID
STREET ADDRESS	18350 N.W. 2 AVENUE, 5TH FLOOR
CITY-ST-ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Stephanie Williams-Baldwin 4/30/01 (305) 687-3545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)