

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90104 039 \*\*\*158.75

**DOCUMENT # P95000020988**

1. Entity Name  
**GREEN VISTA APARTMENTS, INC.**

Principal Place of Business

**490 OPA LOCKA BLVD.  
 #20  
 OPA LOCKA FL 33054**

Mailing Address

**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

4. FEI Number

**65-0565625**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, BALDWIN S  
 490 OPA-LOCKA BOULEVARD  
 SUITE 20  
 OPA-LOCKA FL 33054**

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, 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 **PD** ☐ Delete  
 NAME **WILLIAMS-BALDWIN, STEPHANIE**  
 STREET ADDRESS **490 OPA LOCKA BLVD., #20**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **PAULETTE WILSON**  
 STREET ADDRESS **15830 NW 17 COURT**  
 CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE **D** ☒ Delete  
 NAME **HIGGINS, WILLIAM**  
 STREET ADDRESS **429 MAPLE BLUFF CIRCLE**  
 CITY-ST-ZIP **MELBOURNE FL 32940-1836**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **WILLIE BARNETT**  
 STREET ADDRESS **6600 NW 27 AVENUE, #109**  
 CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **STD** ☒ Delete  
 NAME **FELTON, MILTON**  
 STREET ADDRESS **18800 NW 2ND AVE. #220E**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **JERRY MILLER**  
 STREET ADDRESS **8221 NW 198 STREET**  
 CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE **D** ☐ Delete  
 NAME **LOGAN, WILLIE**  
 STREET ADDRESS **18870 NW 53 PL**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SABIR, NASHID**  
 STREET ADDRESS **18350 N.W. 2 AVENUE, 5TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: WILLIE LOGAN, DIRECTOR**

**305 687-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)