2002 UNIFORM BUSINESS REPORT (UBR)							FILED					
DOCUMENT # P9700080592 1. Entity Name GREENVIEW MANAGEMENT CORP.						Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90333 017 ***150.00						
GREENVI	EW MANAGE	MENT CORP.					04-2	4-2002 903	33 017	***150.	.00	
Principal Place of Business 2237 N COMMERCE PARKWAY STE 3 WESTON FL 33326 US			Mailing Address 2237 N COMMERCE PARKWAY STE 3 WESTON FL 33326 US									
2. Principal Place of Business			3. Mailing Address					1411 94144 99471 997	IA WOLDA KOKIA	88181 81119 1	8168 1191 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. FEI	Number 65-0	796517			plied For t Applicable	
Zip Country			Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
· · ·	6. Name and A			7. Nan	ne and Address	of New Regis	tered Age	nt				
MANELLA, ROSS H ESQ.					Name Street Address (P.O. Box Number is Not Acceptable)							
2237 N COMMERCE PARKWAY				Street		7.O. BOX		(cceptable)				
STE 3									'	7:- C-d		
WESTON FL 33326									FL	Zip Code	-	
	named entity subm	ts this statement for th	ne purpose of changing its	registered office o	r registere	ed agent	, or both, in the S	State of Florida				
SIGNATURE.	Signature, typed or printed	name of registered agent and	title if applicable. (NOTE	: Registered Agent signa	ture required v	when reinsta	ating)		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 Make Check Payable to Department o			I Trust Fund Continuation. L. Added to Fees						
11.		OFFICERS AND DI	RECTORS	12.	,	ADDIT	IONS/CHANGE	S TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ELLNER, MARCI 20185 E. COUN AVENTURA FL 3	try club dr.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLNER, DAVID 20185 E. COUN AVENTURA FL 3		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP				,] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					···· C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		W-1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Ε] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME			☐ Delete	TITLE NAME] Change	☐ Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-846-2400

CR2E034 (9/01)