

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90141 021 ***150.00

DOCUMENT # P99000011452

1. Entity Name
GREYSTONE APARTMENTS, INC.



Principal Place of Business
**901 PONCE DE LEON BLVD.
SUITE #501
CORAL GABLES FL 33134**

Mailing Address
**P.O. BOX 112
KEY BISCAYNE FL 33149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-1559900**

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

**RODRIGUEZ, FERNANDO R
901 PONCE DE LEON BLVD.
SUITE 501
MIAMI FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
LARREA, A.J.
81 ISLAND DR.
KEY BISCAYNE FL 33149** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARREA, A.J.
81 ISLAND DR.
KEY BISCAYNE FL 33149** ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (307) 261-7161

Date

Daytime Phone #

CR2E034 (10/02)

attachment

80117630
#P991000011452

Division of Corporations
Uniform Business Report Filings
Tallahassee, Florida

Dear Sir/Madam:

We are very sorry that although the annual payment of this report was made before April 30, 2003, due to the moving process in progress, this correspondence was locked in a moving carton box for its transport after May 1, 2003, and we were not able to actually mail it until this date.

Indeed, we appreciate your kind consideration to this unfortunately involuntary delay.

A handwritten signature, possibly initials, consisting of a stylized 'J' or 'L' followed by a vertical line and a small flourish.