

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90161 050 ****61.25

DOCUMENT # 707385

1. Entity Name

FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

Principal Place of Business

1400 N.E. 169TH ST.
 STE 302
 N. MIAMI BCH. FL 33162
 US

Mailing Address

1400 N.E. 169TH ST.
 STE 302
 N. MIAMI BCH. FL 33162-2870
 US

C0004951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1114982

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

DAVID L NEMTZOV
1400 NE 169TH ST APT 302
N MIAMI BCH FL 33162

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID NEMTZOV	
STREET ADDRESS	1400 NE 169TH ST	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROTHERHOOD, JOHN	
STREET ADDRESS	1400 NE 169 ST #108	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SYLVIA JACOBSON	
STREET ADDRESS	1400 NE 169TH ST STE C	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDOZA, EDUARDO.A	
STREET ADDRESS	1400 NE 169TH ST	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMEL, KETTY	
STREET ADDRESS	1400 NE 169TH ST	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSER, WILLIAMS	
STREET ADDRESS	1400 NE 109 ST #212	
CITY-ST-ZIP	N. MIAMI BCH FL	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID NEMTZOV	
STREET ADDRESS	1400 NE 169 ST #302	
CITY-ST-ZIP	N MIAMI Beach FL. 33162	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO AMENDOZA	
STREET ADDRESS	1400 NE 169 ST #202	
CITY-ST-ZIP	N MIAMI Beach FL. 33162	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURIEL DRESSLER	
STREET ADDRESS	1400 NE 169 ST #103	
CITY-ST-ZIP	NMB FL. 33162	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA VELILLA	
STREET ADDRESS	1400 NE 169 ST #110	
CITY-ST-ZIP	NMB FL. 33162	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA MASES	
STREET ADDRESS	1400 NE 169 ST #212	
CITY-ST-ZIP	NMB FL. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edoardo Mendoza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2000 (35)9495320

CR2E037 (9/99)