

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 11, 2001 8:00 am
Secretary of State

02-15-2001 90051 009 ****61.25

DOCUMENT # 707385

1. Entity Name

FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 Delete
 NAME **P DAVID NEMTZOV**
 STREET ADDRESS **1400 NE 169TH ST**
 CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP AMENDOZA, EDUARDO (TACTICIAN)**
 STREET ADDRESS **1400 NE 169 ST #202**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Change Addition
 NAME **TREASURER EDUARDO MENDOZA**
 STREET ADDRESS **1400 NE 169 ST # 202**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Delete
 NAME **S DRESSLER, MURIEL**
 STREET ADDRESS **1400 NE 169 ST #103**
 CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE Change Addition
 NAME **VICE PRESIDENT MURIEL DRESSLER**
 STREET ADDRESS **1400 NE 169 ST # 103**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Delete
 NAME **R VELLA, MARTA**
 STREET ADDRESS **1400 NE 169 ST #110**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Change Addition
 NAME **SECRETARY CONSUELO WONG**
 STREET ADDRESS **1400 NE 169 ST # 214**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Delete
 NAME **D MASES, SANDRA**
 STREET ADDRESS **1400 NE 169 ST #212**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE Change Addition
 NAME **MAINTENANCE OSCAR CASTANA**
 STREET ADDRESS **1400 NE 169 ST # 205**
 CITY-ST-ZIP **N.M.B. FL 33162**

TITLE Delete
 NAME **D MASSES, WILLIAMS**
 STREET ADDRESS **1400 NE 109 ST #212**
 CITY-ST-ZIP **N MIAMI BCH FL**

TITLE Change 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:

SIG [Signature] REQUIRE Secretary

2/1/01 (305) 776-6490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)