

FILED
Jun 16, 2002 8:00 am
Secretary of State

01-21-2002 90053 011 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707385
 1. Entity Name
FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM

Principal Place of Business 400 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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number **59-1114982** Applied For Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVID L. NEMITZOV
 1400 NE 169TH ST APT 302
 N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent
 Name: **OSCAR CASTANO**
 Street Address (P.O. Box Number is Not Acceptable): **1400 NE 169ST APT 205**
 City: **N. MIAMI BEACH FL**
 State: **FL** Zip Code: **33162**

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: **OSCAR CASTANO** DATE: **2-18-02**
(NOTE: Registered Agent signature is required when re-registering)

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

TITLE: P	NAME: DAVID NEMITZOV	STREET ADDRESS: 1400 NE 169TH ST	CITY-ST-ZIP: N. MIAMI BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE: TD	NAME: MENDOZA, EDUARDO	STREET ADDRESS: 1400 NE 169 ST #202	CITY-ST-ZIP: MIAMI FL 33162	<input checked="" type="checkbox"/> Delete
TITLE: VPD	NAME: DRESSLER, MURIEL	STREET ADDRESS: 1400 NE 169 ST #103	CITY-ST-ZIP: MIAMI FL 33162	<input checked="" type="checkbox"/> Delete
TITLE: SD	NAME: WONG, CONSUELO	STREET ADDRESS: 1400 NE 169 STREET #214	CITY-ST-ZIP: MIAMI FL 33162	<input checked="" type="checkbox"/> Delete
TITLE: MD	NAME: CASTANA, OSCAR	STREET ADDRESS: 1400 NE 169 STREET #205	CITY-ST-ZIP: MIAMI FL 33162	<input checked="" type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRES	NAME: OSCAR CASTANO	STREET ADDRESS: 1400 N. E. 169 ST #205	CITY-ST-ZIP: MIAMI, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PRES	NAME: HERMAN, DO ROTHV	STREET ADDRESS: 1400 N. E. 169 ST	CITY-ST-ZIP: MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SEC.	NAME: DRESSLER, MURIEL	STREET ADDRESS: 1400 N. E. 169 ST	CITY-ST-ZIP: MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	NAME: WONG, CONSUELO	STREET ADDRESS: 1400 N. E. 169 ST	CITY-ST-ZIP: MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MD	NAME: ARIELA LUISA	STREET ADDRESS: 1400 N. E. 169 ST	CITY-ST-ZIP: MIAMI FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **OSCAR CASTANO** DATE: **1-08-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2007 (9/01)

Attachment
Document #

707385

93031

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CASTANO OSCAR 1400 NE 169 ST APT#205 NORTH MIAMI BEACH, FLORIDA 33162	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT HERMAN DOROTHY 1400 NE 169 ST NORTH MIAMI BEACH, FLORIDA 33162	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DRESSLER MURIEL 1400 NE 169 ST NORTH MIAMI BEACH, FLORIDA 33162	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUMMINGS WAYNE 1400 NE 169 ST NORTH MIAMI BEACH, FLORIDA 33162	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ARIEL LUISA 1400 NE 169 ST NORTH MIAMI BEACH, FLORIDA 33162	D