

2002 UNIFORM BUSINESS REPORT (UBR)

01-21-2002 90053 011 ****61.25
 08-FL-2002 90221 037 ****61.25
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 AUG 15 PM 4:01

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DO NOT WRITE IN THIS SPACE

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 US
2. Principal Place of Business <u>1400 NE 169 St</u>	3. Mailing Address <u>1400 NE 169 St</u>
Suite, Apt. #, etc. <u>305</u>	Suite, Apt. #, etc. <u>305</u>

City & State <u>N. Miami Beach FL</u>	City & State <u>N. Miami Beach FL</u>	4. FEI Number 59-1114982	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33162</u>	Country <u>PADE</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID L NEMTZOV
 1400 NE 169TH ST APT 202
 N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent
 Name WAYNE CUMMINGS
 Street Address (P.O. Box Number is Not Acceptable)
1400 NE 169 St APT 305
North Miami Beach FL
 City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wayne Cummings Wayne Cummings 8-9-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE P	NAME DAVID NEMTZOV	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NE 169TH ST	CITY-ST-ZIP N. MIAMI BCH. FL	
TITLE TD	NAME MENDOZA, EDUARDO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NE 189 ST #202	CITY-ST-ZIP MIAMI FL 33162	
TITLE VPD	NAME DRESSLER, MURIEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NE 169 ST #103	CITY-ST-ZIP MIAMI FL 33162	
TITLE SD	NAME WONG, CONSUELO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NE 169 STREET #214	CITY-ST-ZIP MIAMI FL 33162	
TITLE MD	NAME CASTANA, OSCAR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NE 169 STREET #205	CITY-ST-ZIP MIAMI FL 33162	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P	NAME EDUARDO MENDOZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 NE 169 ST # 204	CITY-ST-ZIP MIAMI FL 33162	
TITLE VPD	NAME MARIELA FONSECA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 NE 169 ST # 203	CITY-ST-ZIP MIAMI FL 33162	
TITLE	NAME WAYNE CUMMINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 NE 169 ST # 305	CITY-ST-ZIP MIAMI FL 33162	
TITLE SD	NAME FRANCISCO SQUAVIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 NE 169 ST # 202	CITY-ST-ZIP MIAMI FL 33162	
TITLE MD	NAME MURIEL DRESSLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 NE 169 ST # 103	CITY-ST-ZIP MIAMI FL 33162	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Wayne Cummings Wayne Cummings 8-9-02 305-445-7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)

8/15/02
 CD