

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90042 024 ****61.25

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



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2. Principal Place of Business <u>1400 NE 169 ST.</u> Suite, Apt. #, etc. <u>APT. # 109 BLDG 3</u> City & State <u>N. MIAMI Bch, FL.</u> Zip <u>33162</u> Country <u>USA</u>		3. Mailing Address <u>1400 NE 169 ST.</u> Suite, Apt. #, etc. <u>APT # 109 BLDG 3</u> City & State <u>N. MIAMI Bch, FL</u> Zip <u>33162</u> Country <u>USA</u>	
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4. FEI Number <u>59114982</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name <u>SMITH, RITA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1400 NE 169 ST #109 BLDG 3</u> City <u>N. MIAMI Bch, FL</u> FL Zip Code <u>33162</u>	

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 RITA SMITH, SECRETARY Rita Smith, Secretary 1-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE <u>P</u> NAME <u>KATZMAN, SANDRA</u> STREET ADDRESS <u>1400 NE 169 ST #212</u> CITY-ST-ZIP <u>N. MIAMI Bch, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>VP</u> NAME <u>FONSECA, MARIELA</u> STREET ADDRESS <u>1400 NE 169 ST #203</u> CITY-ST-ZIP <u>N. MIAMI Bch, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>T</u> NAME <u>MENDOZA, EDUARDO</u> STREET ADDRESS <u>1400 NE 169 ST #204</u> CITY-ST-ZIP <u>N. MIAMI, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>S</u> NAME <u>SMITH, RITA</u> STREET ADDRESS <u>1400 NE 169 ST #109</u> CITY-ST-ZIP <u>N. MIAMI Bch, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>D</u> NAME <u>CUMMINGS, WAYNE</u> STREET ADDRESS <u>1400 NE 169 ST #305</u> CITY-ST-ZIP <u>N. MIAMI Bch, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowers.

SIGNATURE: Rita Smith 1-16-04 305-948-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)