

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90079 028 \*\*\*\*61.25

**DOCUMENT # 707385**

1. Entity Name

**FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM**



Principal Place of Business

**1400 N.E. 169TH ST.  
STE 305  
N. MIAMI BCH. FL 33162  
US**

Mailing Address

**1400 N.E. 169TH ST.  
STE 305  
N. MIAMI BCH. FL 33162  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1114982**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUMMINGS, WAYNE  
1400 N.E. 169TH ST.  
STE 305  
N. MIAMI BCH. FL 33162**

Name

**Cummings, WAYNE**

Street Address (P.O. Box Number is Not Acceptable)

**1400 NE 169th St Apt 305**

City

**Northmiami Beach**

**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 **Cummings WAYNE**

Signature, typed or printed name of registered agent and title if applicable.

**Wayne Cummings**

(NOTE: Registered Agent signature required when reinstating)

**2-10-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **MENDOZA, EDUARDO**  
STREET ADDRESS **1400 N.E. 169TH ST., #204**  
CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

TITLE **P**  Change  Addition  
NAME **Fonseca, Marieja**  
STREET ADDRESS **1400 NE 169 St # 203**  
CITY-ST-ZIP **N. miami beach Fla 33162**

TITLE **VPD**  Delete  
NAME **FONSECA, MARIEJA**  
STREET ADDRESS **1400 N.E. 169TH ST., #203**  
CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

TITLE **VPD**  Change  Addition  
NAME **SARAVIA FRANCISCO**  
STREET ADDRESS **1400 NE 169 St # 202**  
CITY-ST-ZIP **N miami Beach Fla 33162**

TITLE **MD**  Delete  
NAME **DRESSLER, MURIEL**  
STREET ADDRESS **1400 NE 169 ST., #103**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **MD**  Change  Addition  
NAME **Dressler muriel**  
STREET ADDRESS **1400 NE 169 St # 103**  
CITY-ST-ZIP **N miami Beach Fla 33162**

TITLE **TD**  Delete  
NAME **CUMMINGS, WAYNE**  
STREET ADDRESS **1400 NE 169 ST., #305**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **TD**  Change  Addition  
NAME **Cummings WAYNE**  
STREET ADDRESS **1400 NE 169 St # 305**  
CITY-ST-ZIP **N miami Beach Fla 33162**

TITLE **SD**  Delete  
NAME **SARAVIG, FRANCISCO**  
STREET ADDRESS **1400 N.E. 169TH ST. #202**  
CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

TITLE **SD**  Change  Addition  
NAME **AGnant, Pierre**  
STREET ADDRESS **1400 NE 169 St # 105**  
CITY-ST-ZIP **N miami Beach Fla. 33162**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **WAYNE CUMMINGS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-03 305-945-7015**

CR2E037 (10/02)