

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90052 029 ****61.25

DOCUMENT # 711038

1. Entity Name

LAKE VIEW WEST APTS., INC.

Principal Place of Business

Mailing Address

**2000 DIANA DRIVE
 HALLANDALE FL 33009**

**2000 DIANA DRIVE
 HALLANDALE FL 33009**

750922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1644234

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN LOAN, DON
 2000 DIANA DR
 APT 207
 HALLANDALE FL 33009**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TD	<input type="checkbox"/> Delete
NAME	PACITTI, D	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORDON, JIM	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN LOAN, D	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	COMPAGNUCCI, C	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERKERT, R	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOFINI, ESTHER	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald A. Pacitti* **Donald A. Pacitti** 3/15/02 954-458-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)