

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90240 016 ****61.25

DOCUMENT # 730464

1. Entity Name

THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK CONDOMIN

Principal Place of Business

Mailing Address

P.O. BOX 52-1812
 MIAMI FL 33152-1812

P.O. BOX 52-1812
 MIAMI FL 33152-1812

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

59-1629223

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANZ, ANTONIO
9682 FONTAINEBLEAU BLVD., #104
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	IBARRA, ANGELA						
		9682 FONTAINEBLEU BLVD., #408	MIAMI FL 33172				
	SD						
	DE LA PARTE, RENE						
		9682 FONTAINEBLEU BLVD., #511	MIAMI FL 33172				
	TD						
	FERRER, PILAR						
		9682 FONTAINEBLEU BLVD.	MIAMI FL 33172				
	VPD						
	SILVERO, JOES LOPEZ						
		9682 FONTAINEBLEU BLVD	MIAMI FL 33172				
	D						
	GONZALEZ, WILLIAM						
		9682 FONTAINEBLEU BLVD, #708	MIAMI FL 33172				

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 *ANGELA IBARRA* **ANGELA IBARRA** **PRESIDENT** 01/15/2000 (305) 552-6453
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)