

2002

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90051 031 ****61.25

DOCUMENT # 7304104
1. Entity Name
The Golfview Club at Fountainbleau Park n: 1
Condominium Association, Inc

Principal Place of Business
2500 NW 97 ave
Mailing Address

077110

2. Principal Place of Business
2500 NW 97 ave
3. Mailing Address
2500 NW 97 ave
Suite, Apt. #, etc. # 200

City & State
Miami, FL
City & State
Miami, FL
Zip
33172
Country
USA

4. FEI Number
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
HUGO ESPINOZA
Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97 ave
Suite 200
City
Miami FL Zip Code
33172

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]

(NOTE: Registered Agent signature required when reinstating)

4/2/02
DATE

FILE NOW
FEE IS \$10.25

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be
Added to Fees

Make Check payable to
Department of State

Table with 10 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP. Rows include Montesinos Alexis E., De la Parte, Rene, Ferrer, Guillermo, Sanz, Antonio, Lopez-silvero, Jose.

Table with 10 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Columns include Title, Name, Street Address, City-ST-ZIP, Change, Addition.

CR2E037 (11/00)

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: X Alexis E. Montesinos President 5APR02 (303) 444-6757 X18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #