

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-27-2001 90040 014 ****61.25

DOCUMENT # 762223

1. Entity Name

THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK, CONDOMI

Principal Place of Business

9688 FB
#100
MIAMI FL 33172
US

Mailing Address

9688 FB
#100
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2279236

Applied For

Not Applicable

5. Certificate of Status Desired

Input box

\$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

P BARRIOS, ANDRES
9688 FONTAINEBLEAU BLVD., #108
MIAMI FL 33172

S HOCH, ABRAHAM
9688 FOUNTAINBLEAU BLVD., #711
MIAMI FL 33172

T ~~MOYANO, MOISES~~
~~9688 FONTAINEBLEAU BLVD., #711~~
~~MIAMI FL 33172~~

D VASALLO, JANET
8901 SW - 82 AVE
MIAMI FL 33156

D HADIDA, JOSE
2457 COLLINS AVE., #104
MIAMI FL 33140

Empty officer entry

Empty addition entry

Empty addition entry

T JOSE A. CARBONELL
9688 FONTAINEBLRAU BLVD # 509
MIAMI, FL 33172

Empty addition entry

Empty addition entry

Empty addition entry

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: SIGNATURE REQUIRED

Handwritten signature

04/06/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)