

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90018 020 \*\*\*\*61.25

**DOCUMENT # N01763**

1. Entity Name

**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "G" ASSOCIA**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC.  
 14276 SW 142 AVE.  
 MIAMI FL 33186  
 US

C/O MIAMI MANAGEMENT, INC.  
 14275 SW 142 AVE  
 MIAMI FL 33186  
 US

**902531**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2390419**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRIAY, CARLOS**  
**999 PONCE DE LEON BLVD**  
**SUITE 1110**  
**CORAL GABLES FL 33134**

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 PD  
 NAME RIGGS, LARRY  
 STREET ADDRESS 9731 HAMMOCKS BLVD B206  
 CITY-ST-ZIP MIAMI FL  Delete

TITLE T  
 NAME Kloverkorn, Hank  
 STREET ADDRESS 9715 Hammocks Blvd #202  
 CITY-ST-ZIP Miami, FL 33196  Change  Addition

TITLE VD  
 NAME KLOVERKORN, HANK  
 STREET ADDRESS 9715 HAMMOCKS BLVD I206  
 CITY-ST-ZIP MIAMI FL  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE D  
 NAME LUAICES, CESAR  
 STREET ADDRESS 9703 HAMMOCKS BLVD., #103  
 CITY-ST-ZIP MIAMI FL  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE JP  
 NAME Marlyn Linze  
 STREET ADDRESS 9727 Hammocks Blvd #205  
 CITY-ST-ZIP Miami, FL 33194  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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: \_\_\_\_\_

**RECEIVED** 1-15-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)