

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002707

1. Entity Name

FOREST VIEW CONDOMINIUM ASSOCIATION, INC.

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

05-19-2000 90100 012 ****61.25

Principal Place of Business

Mailing Address

14121 SW 92ND AVENUE
 MIAMI FL 33176

14121 SW 92ND AVENUE
 MIAMI FL 33176-7119

2. Principal Place of Business

3. Mailing Address

3124 Jackson Ave
 Suite, Apt. #, etc.

3124 Jackson Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

GARCIA, JESUS
 14121 SW 92ND AVENUE
 MIAMI FL 33176

Name: David Armengol
 Street Address (P.O. Box Number is Not Acceptable): 3124 Jackson Ave
 City: Miami FL Zip Code: 33133

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: *David Armengol*

DATE: 4/30/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JESUS	
STREET ADDRESS	14121 SW 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, RALPH	
STREET ADDRESS	14121 SW 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BELLIN, MARSHALL	
STREET ADDRESS	14121 SW 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn McEwen	
STREET ADDRESS	3126 Jackson Ave	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Schwab	
STREET ADDRESS	3126 Jackson Ave	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Dow	
STREET ADDRESS	3124 Jackson Ave	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Jim Dow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/30/00 DAYTIME PHONE #: 305-774-0094

CR2E037 (9/99)