

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90614 004 ****61.25

DOCUMENT # 748071

1. Entity Name

PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**7300 WAYNE AVENUE
 MIAMI BCH FL 33141**

Mailing Address

**7300 WAYNE AVENUE
 MIAMI BCH FL 33141**

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

59-2204199

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAPOPORT, ALLEN J
 7300 WAYNE AVE.
 #505
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
Property Management Services Inc
 Street Address (P.O. Box Number is Not Acceptable)
6299 CORAL WAY
Miami
 City
FL Zip Code
33155

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 GARAY, JOHN
 7300 WAYNE AVE
 MIAMI BEACH FL 33141** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ALVAREZ, BLANCA
 7300 WAYNE AVENUE STE. 305
 MIAMI BCH FL 33141** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 MUNIZ, ALBA
 7300 WAYNE AVE
 MIAMI BEACH FL 33141** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HERES, RACHEL
 7300 WAYNE AVE. #508
 MIAMI BEACH FL 33141** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)