

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90086 027 \*\*\*\*70.00

**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**

**11028324**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**PROPERTY MANAGMENT SERVICES INC.  
8299 CORAL WAY  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

**ALBA MUNIZ**

Street Address (P.O. Box Number is Not Acceptable)

**7300 WAYNE AVENUE #218**

City

**MIAMI BEACH**

**FL**

Zip Code

**33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alba M. Muniz*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04-28-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **SD** ☐ Delete  
NAME **ARUQUETE, PHYLLIS**  
STREET ADDRESS **7300 WAYNE AVE APT 408**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE **VPD** ☐ Delete  
NAME **SCHLESSINGER, VIOLET**  
STREET ADDRESS **7300 WAYNE AVE APT 408**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☐ Delete  
NAME **JUAN LINARTE**  
STREET ADDRESS **7300 WAYNE AVENUE #517**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Alba M. Muniz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-03 (305) 867-1683**

Date Daytime Phone #

CR2E037 (10/02)

0025781