

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90049 014 ****61.25

DOCUMENT # 707286

1. Entity Name
FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM



Principal Place of Business

16801 N.E. 14TH AVE.
APT. #206
NORTH MIAMI BEACH FL 33162
US

Mailing Address

16801 N.E. 14TH AVE.
APT. #206
NORTH MIAMI BEACH FL 33162
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

16801 NE 14AV

Suite, Apt. #, etc.

Apt. 210

City & State
N Miami Beach FL

Zip

33162

Country

USA

3. Mailing Address

16801 NE 14AV

Suite, Apt. #, etc.

210

City & State
N. Miami Beach, FL

Zip

33162

Country

USA

4. FEI Number **59-1103623**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHANA, YIGAL D ESQ.
12865 W. DIXIE HIGHWAY
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **KAHANA, Yigal D Esq**

Street Address (P.O. Box Number is Not Acceptable)
12805 W. Dixie Highway

City **North Miami** FL Zip Code **33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 **VPD** Delete
NAME **ALFONSO, RAQUEL**
STREET ADDRESS **16801 N.E. 14TH AVE.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **STD** Delete
NAME **MANVILLE, HELENA**
STREET ADDRESS **16801 N.E. 14TH AVE.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **PD** Delete
NAME **O'BRIEN, ARLENE**
STREET ADDRESS **16801 N.E. 14TH AVE.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D. Carmelo Ramirez PD** Change Addition
NAME
STREET ADDRESS **16801 N.E. 14TH AVE - 10B**
CITY-ST-ZIP **N. Miami Beach FL 33162**

TITLE **OLGA ALVARADO (Treasurer)** Change Addition
NAME
STREET ADDRESS **16801 NE 14 Av. Apt. 110**
CITY-ST-ZIP **N. Miami, FL 33162**

TITLE **JAIME WONG (Director)** Change Addition
NAME
STREET ADDRESS **16801 NE 14 Av. Apt. 210**
CITY-ST-ZIP **N. Miami FL 33162**

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 I am empowered.

SIGNATURE: **SIGNATURE REQUIRED Jaime Wong** 9/3/03

CR2E037 (4/03)