

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0042230

DOCUMENT # 707384

1. Entity Name

FOUNTAINVIEW ASSOCIATION, INC. #4, A CONDOMINIUM

04-12-2001 90182 021 ****61.25

Principal Place of Business

Mailing Address

**1460 NORTHEAST 169ST STREET
 NORTH MIAMI BEACH FL 33162**

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 NORTH MIAMI BEACH FL 33162**

LUU4040U

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1159535

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

**KAPLUN, MARK
 1460 N E 169 ST
 N MIAMI BEACH FL 33162**

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	D	<input type="checkbox"/> Delete
NAME	KAPLUN, MARK	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 33162	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, LORRAINE	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 33162	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SOLOMON, ROBERT	
STREET ADDRESS	1460 N E 169 ST	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOLINET, TSUNAMIS	
STREET ADDRESS	1460 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, REBECCA	
STREET ADDRESS	1460 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ALEX	
STREET ADDRESS	1460 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLUN, MARK	
STREET ADDRESS	1460 NE 169 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
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	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLOCK, MARLON	
STREET ADDRESS	1460 NE 169 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	

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* Robert Solomon

4/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)