

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90174 015 ****70.00

DOCUMENT # 707491

1. Entity Name

FOUNTAINVIEW ASSOCIATION, INC. #5, A CONDOMINIUM

Principal Place of Business

Mailing Address

16800 N.E. 15TH AVE
 #302
 NORTH MIAMI BEACH FL 33162

16800 N.E. 15TH AVE
 #108
 NORTH MIAMI BEACH FL 33162-2906

00010200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1231721

Applied For

Not Applied For

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

**KREMEN, CARINA
 ASSOC MGMT GR
 20533 BISCAYNE BLVD, #469
 AVENTURA FL 33180**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORSTEIN, LILLIAN S	
STREET ADDRESS	16800 NE 15TH AVENUE	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SOL	
STREET ADDRESS	16800 N.E. 15TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARONOW, SARA	
STREET ADDRESS	16800 N.E. 15TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, NESSIE	
STREET ADDRESS	16800 NE 15TH AVENUE	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEINFELD, TILLIE	
STREET ADDRESS	16800 NE 15TH AVENUE	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIAN SHORSTEIN	
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

Lillian Shorstein **Lillian Shorstein** 2/7/00 (305) 792-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #