

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90003 048 ****61.25

DOCUMENT # 711038

1. Entity Name

LAKE VIEW WEST APTS., INC.

Principal Place of Business

**2000 DIANA DRIVE
HALLANDALE FL 33009**

Mailing Address

**2000 DIANA DRIVE
HALLANDALE FL 33009**

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

59-1644234

Applied For

Not Applicable

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

**TROPP, BIRDIE
2000 DIANA DR
APT 102
HALLANDALE FL 33009**

Name **DON VAN LOAN**

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

2000 DIANA DRIVE, APT 207

City

HALLANDALE, FL

FL

Zip Code

33009

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

Don Van Loan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 10, 2001

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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 **TD** ☐ Delete
NAME **PACITTI, D**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **SD** ☐ Delete
NAME **GORDON, JIM**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD** ☐ Delete
NAME **VAN LOAN, D**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **VDP** ☐ Delete
NAME **COMPAGNUCCI, C**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete
NAME **HERKERT, R**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **SD** ☐ Delete
NAME **TOFINI, ESTAR**
STREET ADDRESS **2000 DIANA DR**
CITY-ST-ZIP **HALLANDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ 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 **TOFINI, ESTHER**
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:

Don Van Loan

July 10, 2001 1845338-4497

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