

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90007 041 ****61.25

DOCUMENT # 713201

1. Entity Name
EAST VIEW CONDOMINIUM, INC.

Principal Place of Business Mailing Address

1056 EUCLID AVE. **1056 EUCLID AVE.**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139-4978**

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 Applied For

59-2539918 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTANEZ, LUIS
1050 CUCLIO AVE
#1
MIAMI BEACH FL 33139

Montanez Luis
1056 EUCLID AVE.
Apto 1 Miami Beach FL
33139

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICANO, MARIA I.	NAME	
STREET ADDRESS	1056 EUCLID AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATANZO, MARTHA	NAME	<i>Kenneth Reinhardt</i>
STREET ADDRESS	1056 EUCLID AVE #4	STREET ADDRESS	<i>1056 Euclid Av. Apto 4</i>
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	<i>Miami Bch FL 33139</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSMAN, ROSE	NAME	
STREET ADDRESS	5001 COLLINS AVENUE #10D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCACIBAR, OSCAR	NAME	
STREET ADDRESS	1056 EUCLID AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANTNAEZ, LUIS	NAME	<i>Montanez Luis</i>
STREET ADDRESS	1056 EUCLID AVE, #1	STREET ADDRESS	<i>1056 Euclid Ave #1</i>
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	<i>Miami Beach-FL 33139</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied in this report is true and correct 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 of the corporation and that I am duly qualified 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 like empowered.

SIGNATURE: *[Signature]* **DATE:** *01-27-00* **Daytime Phone #:** _____

1056 EUCLID AVE, MIAMI BEACH, FL 33139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)