

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90135 025 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713201

1. Entity Name

EAST VIEW CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1056 EUCLID AVE.
 MIAMI BEACH FL 33139

1056 EUCLID AVE.
 MIAMI BEACH FL 33139

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

59-2539918

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

MONTANEZ, LUIS
1056 EUCLID AVE
MIAMI BEACH FL 33139

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD ☐ Delete
FEIX, GARY
1056 EUCLID AV AP #3
MIAMI BEACH FL

PD ☐ Delete
REINHARD, KENNETH
1056 EUCLID AV APTO 4
MIAMI FL 33139

D ☐ Delete
ASCACIBAR, OSCAR
1056 EUCLID AVE
MIAMI BEACH FL

DP ☐ Delete
MANTNAEZ, LUIS
1056 EUCLID AVE, #1
MIAMI BEACH FL 33139

☐ Delete

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Bryan FIDIA ☐ Change ☐ Addition
1056 Euclid AV AP# 3
Miami Beach FL 33139

Reinhard Kenneth ☐ Change ☐ Addition
1056 Euclid Apto 4
Miami FL 33139

Ascacibar Oscar ☐ Change ☐ Addition
1056 Euclid AV AP 2
Miami Beach FL 33139

Montanez Luis ☐ Change ☐ Addition
1056 Euclid AV AP 1
Miami Beach FL 33139

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)