

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90370 036 ****61.25

DOCUMENT # 713201

1. Entity Name
EAST VIEW CONDOMINIUM, INC.



Principal Place of Business
**1056 EUCLID AVE.
MIAMI BEACH FL 33139**

Mailing Address
**1056 EUCLID AVE.
MIAMI BEACH FL 33139**

30014553



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTANEZ, LUIS
1056 EUCLID AVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Esperanza Dominguez**
Street Address (P.O. Box Number is Not Acceptable)
1056 Euclid Av Apt 1
Miami Beach
City **FL** Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Esperanza Dominguez**

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

(NOTE: Registered Agent signature required when reinstating)

01-15-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FIDLAY, BRYON	
STREET ADDRESS	1056 EUCLID AV AP #3	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REINHARD, KENNETH	
STREET ADDRESS	1056 EUCLID AV APT 4	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASCACIBAR, OSCAR	
STREET ADDRESS	1056 EUCLID AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MANTNAEZ, LUIS	
STREET ADDRESS	1056 EUCLID AVE, #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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: **Esperanza Dominguez**

01-15-03 305 672 69 74

CR2E037 (10/02)