

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0002319

DOCUMENT # 715997

1. Entity Name

MIAMI PARK VIEW HOUSE INC.

02-06-2001 90294 040 ****61.25

Principal Place of Business 1229 MERIDIAN AVE APT #5 MIAMI BEACH FL 33139	Mailing Address 1229 MERIDIAN AVE APT #5 MIAMI BEACH FL 33139
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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 **NOT APPLICABLE**

Applied-For
Not Applicable

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

**SOLOMON, BERNARD
1229 MERIDIAN AVE #5
MIAMI BEACH FL 33139**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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	Change	Addition
TD	SOLOMON, BERNARD	1229 MERIDIAN AVE	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
PD	COS, JORGE	1227 MERIDIAN AVE	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
SD	BURLEY, MELISSA	1229 MERIDIAN AVE	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
VD	ALONSO, SILVERO	1229 MERIDIAN AVE	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	SCOTT BURKHOLDER	1229 MERIDIAN AVE.	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Bernard Solomon* **BERNARD SOLOMON**

2/1/2001 **2/1/2001** *305-534-2872* **305-534-2872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)