

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90061 003 \*\*\*\*61.25

**DOCUMENT # 716900**

1. Entity Name

**LENOX VIEW CONDOMINIUM, INC.**

Principal Place of Business

**947 LENOX AVENUE  
 APT. 202  
 MIAMI BEACH FL 33139**

Mailing Address

**947 LENOX AVE  
 APT 202  
 MIAMI BEACH FL 33139-5328  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1383229**

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

**BONILLA, LIZZETTE  
 947 LENOX AVE  
 APT. 403  
 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

*Lizette Bonilla*

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	DP	<input type="checkbox"/> Delete
NAME	BONILLA, LIZZETTE	
STREET ADDRESS	947 LENOX AVENUE, APT. 403	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OSORIO, YOLANDA	
STREET ADDRESS	947 LENOX AVE APT 401	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRISTOBAL, LIDIA I	
STREET ADDRESS	947 LENOX AVE APT 202	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, VIVIAN	
STREET ADDRESS	947 LENOX AVE APT 204	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH OPPENHEIMER	
STREET ADDRESS	947 LENOX AVE. Apt. 405	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD HERRERA	
STREET ADDRESS	947 LENOX AVE. Apt 205	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLANDA OSORIO	
STREET ADDRESS	947 LENOX AVE. Apt. 401	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Lidia Cristobal* **RECEIVED** **CRISTOBAL** **3/7/00** **(305) 673-7000 X6679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)