

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

004188

**DOCUMENT # 718461**

1. Entity Name

**PARKVIEW HOUSE, INC., A CONDOMINIUM**

04-10-2001 90008 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD  
 SUITE 469  
 AVENTURA FL 33180

20533 BISCAYNE BLVD  
 SUITE 469  
 AVENTURA FL 33180

942300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1387203**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREMEN, MARSHALL**  
**500 WEST CYPRESS CREEK ROAD**  
**SUITE 230**  
**FT LAUDERDALE FL 33309**

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	DS	<input type="checkbox"/> Delete
NAME	STEIN, SANDRA	
STREET ADDRESS	1000 MICHIGAN AVE #309	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAZO, JORGE	
STREET ADDRESS	1000 MICHIGAN AVE #509	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JIMENEZ, JUNIOR	
STREET ADDRESS	1000 MICHIGAN AVE #308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	1000 MICHIGAN AVE #506	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNER, BEATRIZ	
STREET ADDRESS	1000 MICHIGAN AVE #302	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICEPRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FLYNN	
STREET ADDRESS	1000 Michigan #705	
CITY-ST-ZIP	Miami, FL 33139	
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		

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 any other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** *Jorge Lazo*

*4301 305 6749710*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)