

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

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

03-31-2003 90172 013 ****61.25

DOCUMENT # 718461

1. Entity Name
PARKVIEW HOUSE, INC., A CONDOMINIUM



Principal Place of Business

**1000 MICHIGAN AVE
MIAMI FL 33139**

Mailing Address

**8299 CORAL WAY
MIAMI FL 33155**

2. Principal Place of Business

1000 Michigan Ave.

3. Mailing Address

*Miami Mgmt.
1380 NE Mami Gardens Dr.
Ste # 125*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

N. Miami, Florida

4. FEI Number **59-1387203**

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PROPERTY MANAGEMENT SERVICES CORPORATION
8299 CORAL WAY
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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

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 Florida 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	VPD	<input type="checkbox"/> Delete
NAME	HON. HAROLD LAW	
STREET ADDRESS	1000 MICHAGAN AVE #608	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CASTANEDA, ANGEL	
STREET ADDRESS	1000 MICHAGAN AVE #609	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 all other like empowered.

SIGNATURE: *Sandra Stein* Treasurer 2/28/03 305 633 8011

CR2E037 (10/02)