

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90181 027 \*\*\*\*61.25

**DOCUMENT # 727223**

1. Entity Name  
**VANTAGE VIEW, INC.**



Principal Place of Business  
**2841 NORTH OCEAN BLVD  
FT. LAUDERDALE FL 33308**

Mailing Address  
**2841 NORTH OCEAN BLVD  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1723358**

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

**KATZMAN & KORR PA  
5581 W OAKLAND PARK BLVD  
SECOND FLOOR  
LAUDERHILL FL 33319**

Name **Robert S. Miller, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**414 Northeast 4<sup>th</sup> Street**

City **Ft Lauderdale**

**FL**

Zip Code **33301**

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 **4/2/03**

**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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TYSENN, JOSEPH E</b>	
STREET ADDRESS	<b>2841 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEWART, DAVID</b>	
STREET ADDRESS	<b>2841 NORTH OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ECKHOUSE, DOROTHY M</b>	
STREET ADDRESS	<b>2841 N OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOSKAL, ROBERT</b>	
STREET ADDRESS	<b>2841 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PREVITE, ANTHONY MD</b>	
STREET ADDRESS	<b>2841 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUNDERSON, SHANE</b>	
STREET ADDRESS	<b>2841 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hal Smith</b>	
STREET ADDRESS	<b>2841 N. Ocean Blvd.</b>	
CITY-ST-ZIP	<b>Ft Lauderdale FL, 33308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert S. Miller</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deborah L. Floyd</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dr. Anthony Previte</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marcae Carolan</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elaine Costa</b>	
STREET ADDRESS	<b>Sharon Balkin</b>	
CITY-ST-ZIP	<b>Same</b>	

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:   
SIGNATURE REQUIRED: **Hal Smith Pres 4/10/03 954 563-3155**

CR2E037 (10/02)