

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90044 038 \*\*\*\*61.25

**DOCUMENT # 732594**

1. Entity Name

**EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

950 EUCLID AVE.  
 950 EUCLID AVE  
 MIAMI BEACH FL 33139  
 US

950 EUCLID AVE  
 MIAMI BEACH FL 33139  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1654694**

Applied For

Not Applicable

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

LOB, M.  
 950 EUCLID AVE.  
 MIAMI BEACH FL 33139

Name **DENISE AMSELLEM**

Street Address (P.O. Box Number is Not Acceptable)  
**950 Euclid Ave**

**Miami Beach**

City

**FL**

Zip Code

**33139**

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

*Denise Amsellem*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*17 July, 00*

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOB, MARTON</b>	
STREET ADDRESS	<b>950 EUCLID AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PROANO, HECTOR</b>	
STREET ADDRESS	<b>950 EUCLID AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREIDMAN, LEO</b>	
STREET ADDRESS	<b>950 EUCLID AVE., #206</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>BD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALDMAN, M</b>	
STREET ADDRESS	<b>950 EUCLID AVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE	<b>BD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LICHTENSTEIN, M</b>	
STREET ADDRESS	<b>950 EUCLID AVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENISE AMSELLEM</b>	
STREET ADDRESS	<b>950 EUCLID AVE # 304</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLORIA E RODRIGUEZ</b>	
STREET ADDRESS	<b>950 EUCLID AVE # 109</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTHA WEISS</b>	
STREET ADDRESS	<b>950 EUCLID AVE # 908</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRZYNA RACZKOWSKA</b>	
STREET ADDRESS	<b>950 Euclid Ave # 302</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ara Sanchez</b>	
STREET ADDRESS	<b>950 Euclid Ave # 103</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEO FRIEDMAN</b>	
STREET ADDRESS	<b>950 Euclid Ave # 206</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</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:

*Paul Allen* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*17 July, 00*

Date

Daytime Phone #

CR2E037 (5/00)