

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90015 026 \*\*\*\*61.25

**DOCUMENT # 741175**

1. Entity Name

**WESTVIEW CONDOMINIUM ASSOCIATION NO. TWO, INC.**

*LA*

Principal Place of Business

1516 N.W. 90TH WAY  
 PEMBROKE PINES FL 33024

Mailing Address

1516 N.W. 90TH WAY  
 PEMBROKE PINES FL 33024

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

**59-1906743**

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

**POLIAKOFF, GARY A**  
**6161 BLUE LAGOON DRIVE**  
**SUITE 250**  
**MIAMI FL 33126**

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**  
**After September 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>OPPENHEIMER, EDWARD</b> <b>1502 N.W. 90TH WAY</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>SCHERBER, DANIEL</b> <b>1624 NW 90 WAY</b> <b>PEMBROKE PINES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>BUELOW, JEANETTE</b> <b>9014 NW 14 COURT</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HUARD, LOU</b> <b>9070 TAFT ST</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <b>RICHMAN, BERNARD</b> <b>9022 NW 14TH COURT</b> <b>PEMBROKE PINES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <i>Christopher Wright</i> <b>8936 NW 15th Court</b> <b>Pembroke Pines FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <i>Anthony Maggo</i> <b>1576 NW 90 way</b> <b>Pembroke Pines</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeanette Buelow* **REQUIRED** *Jeanette Buelow* 7/16/01 954 432 3736

CR2E037 (5/01)