

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002141 AV

DOCUMENT # **A18927**

1. Entity Name  
**PARKVIEW PARTNERSHIP, LTD.**

**FILED**  
**02 APR 29 PM 6:32**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**760 NW 107 AVE  
SUITE 300  
MIAMI FL 33172**

Mailing Address  
**760 NW 107 AVE  
SUITE 300  
MIAMI FL 33172**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-2505057**

Applied For  
Not Applicable

Zip Country

Country

Zip Country

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

**RUBIN, SHELLY  
760 NW 107 AVE  
SUITE 300  
MIAMI FL 33172**

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

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G68990**  
NAME **PARKVIEW AT PEMBROKE PT**  
STREET ADDRESS **760 NW 107 AVE SUITE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Arthur J. Lieberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **By: Arthur J. Lieberman, managing member**  
Date **4/23/02** Daytime Phone # **305/485-2000**

CR2E003 (9/01)