

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A95000001534**

1. Entity Name
PARK VIEW ESTATES, LTD.

FILED

00 APR -6 AM 11:39
63
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134-5224



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0651758** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
100 SOUTHEAST SECOND STREET, 35TH FLOOR
MIAMI FL 33131-2130**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,117,121.00**

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

DOCUMENT # **A95000001533**
NAME **CORNERSTONE PARK VIEW LTD.**
STREET ADDRESS **2121 PONCE DE LEON BLVD., STE. 650**
CITY - ST - ZIP **CORAL GABLES FL 33134**

DOCUMENT # **P96000000534**
NAME **TACOLCY PARK VIEW, INC.**
STREET ADDRESS **645 N.W. 62ND STREET, SUITE 300**
CITY - ST - ZIP **MIAMI FL 33150**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **300003217993--6**
-04/21/00--01013--028
CITY - ST - ZIP *******535.00 *****535.00**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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:  **SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **02-28-00** Daytime Phone # **(305) 443-8288**

CR2E003 (9/99)