

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004369 - AF

**DOCUMENT #** A95000001534  
 1. Entity Name  
**PARK VIEW ESTATES, LTD.**

**FILED**  
 FEB 19 AM 10:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*rf*

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

01



DO NOT WRITE IN THIS SPACE

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      Applied For  
 65-0651758      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  
**Registered Agents of Florida, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast Second Street**  
 Suite 3500  
 City      State      Zip Code  
**Miami      FL      33131-2130**

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]* U.P.      DATE: 2/7/01

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	
CITY-ST-ZIP	
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]*      DATE: 1/14/01      DAYTIME PHONE #: 305-443-8288

CR2E003 (11/00)