

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90025 001 \*1,500.00

**DOCUMENT # F93000001995**

1. Entity Name

**LAKEVIEW HOLDINGS, LIMITED COMPANY**

Principal Place of Business

Mailing Address

COLUMBUS CENTRE  
CAY. ROAD TOWN  
PORTOLA, BRITISH VIRGIN ISLE701 BRICKELL AVE.  
SUITE 850  
MIAMI FL 33131-2822**9371**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

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

Name

**John S. Sullivan**

Street Address (P.O. Box Number is Not Acceptable)

**701 Brickell Avenue,****Suite 850**

City

**Miami****FL**Zip Code  
**33131**

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

**John S. Sullivan**

(NOTE: Registered Agent signature required when reinstating)

**04/19/00**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MANSFIELD, ABDIEL	
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA	
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEDEZMA, HERIBERTO	
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA	
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZARAK DE LA GUARDIA, LUIS C	
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA	
CITY-ST-ZIP	PISO NO.10 PANAMA 1, R D P	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Abdiel Mansfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/00**

Date

**305-381-8340**

Daytime Phone #

CR2E034 (9/99)