

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001995

1. Entity Name

LAKEVIEW HOLDINGS, LIMITED COMPANY

Principal Place of Business

4 COLUMBUS CENTRE
WICKHAMAS CAY, ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLE
VI

Mailing Address

701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131-2851

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 NOT APPLICABLE

Applied For

Not Applicable

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

HUDSON, ROBERT F
701 BRICKELL AVENUE
SUITE 1600
MIAMI FL 33131

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

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

Vicky Goldstein

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

4/26/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MANSFIELD, ABDEL
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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LEDEZMA, HERIBERTO
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P

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ZARAK DE LA GUARDIA, LUIS C
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #

CR2E034 (10/00)