

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90120 029 ***150.00

0206906 AV

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

801 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
16th Floor

City & State

City & State
Miami, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

USA

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent Signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME MANSFIELD, ABDEL
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY-ST-ZIP PISO NO.10 PANAMA 1, R D PTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS ☐ Delete
NAME LEDEZMA, HERIBERTO
STREET ADDRESS AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY-ST-ZIP PISO NO.10 PANAMA 1, R D PTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ 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 PTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02
Date305-381-8340
Daytime Phone #

CR2E034 (9/01)