

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
 04-28-2002 90783 048 ***150.00

0270731 AV

DOCUMENT # G68990

1. Entity Name
PARKVIEW AT PEMBROKE POINTE, INC.



Principal Place of Business

**760 NW 107 AVENUE
 SUITE 300
 MIAMI FL 33172**

Mailing Address

**760 NW 107 AVENUE
 SUITE 300
 MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2343132**

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

**RUBIN, SHELLY
 760 NW 107 AVE
 SUITE 300
 MIAMI FL 33172**

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 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 ☐ Delete
D MILLER, LEONARD
 STREET ADDRESS **700 NW 107 AVE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE NAME ☐ Delete
V RUBIN, SHELLY
 STREET ADDRESS **760 NW 107 AVE, STE 300**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE NAME ☐ Delete
D MILLER, STUART A
 STREET ADDRESS **700 NW 107TH AVE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE NAME ☐ Delete
T JORDAN, MARGARET
 STREET ADDRESS **760 NW 107 AVE, STE 300**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE NAME ☐ Delete
DCEO SAIONTZ, STEVEN J.
 STREET ADDRESS **760 NW 107 AVE, STE 314**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE NAME ☐ Delete
AC LIEBERMAN, ARTHUR J
 STREET ADDRESS **760 NW 107 AVE, STE 300**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE NAME ☐ Change ☐ Addition
 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

4/14/02 (305) 485-2000
 Date Daytime Phone #

CR2E034 (9/01)