

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90127 001 \*\*\*150.00

**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

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

3. Mailing Address

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2343132**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, LEONARD 700 NW 107 AVE MIAMI FL 33172</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RUBIN, SHELLY 760 NW 107 AVE, STE 300 MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, STUART A 700 NW 107TH AVE MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JORDAN, MARGARET 760 NW 107 AVE, STE 300 MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO SAIONTZ, STEVEN J. 760 NW 107 AVE, STE 314 MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC LIEBERMAN, ARTHUR J 760 NW 107 AVE, STE 300 MIAMI FL 33172</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Krasnoff, Jeffrey P. 1601 Washington Ave., Suite 800 Miami Beach, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1601 Washington Ave., Suite 800 Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C 1601 Washington Ave., Suite 800 Miami Beach, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1601 Washington Ave., Suite 800 Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D 848 Brickell Avenue, #100 Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1601 Washington Ave., Suite 800 Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Arthur J. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 305/695-5500**

CR2E034 (10/02)