

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90361 050 ***150.00

DOCUMENT # J29689

1. Entity Name
WESTVIEW MANOR, INC.

Principal Place of Business

500 BAYVIEW DRIVE
SUITE #1730
NORTH MIAMI BEACH FL 33160
US

Mailing Address

C/O 2601 S. BAYSHORE DRIVE
SUITE #600
MIAMI FL 33133
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19701 E. COUNTRY CLUB DRIVE
SUITE, Apt. #, etc.
UNIT 5506

3. Mailing Address

2601 S. BAYSHORE DRIVE
SUITE, Apt. #, etc.
19TH FLOOR

City & State
AVENTURA, FL.

City & State
MIAMI, FL.

4. FEI Number
59-2709643

Applied For
Not Applicable

Zip
33160

Country
U.S.A.

Zip
33133

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
RICHARD A. KRINZMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DRIVE 19TH FLOOR
City
MIAMI, FL
Zip Code
33133

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 **1/10/02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
PD ☐ **Delete**
NAME
KRINZMAN, SARIT
STREET ADDRESS
500 BAYVIEW DRIVE, SUITE 1730
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33160

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/D ☒ **Change** ☐ **Addition**
NAME
SARIT KRINZMAN, SARIT
STREET ADDRESS
59701 E. COUNTRY CLUB DRIVE
CITY-ST-ZIP
AVENTURA, FL. 33160 UNIT 5506

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
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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 empowerments.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/10/02 305-854-9700
Date Daytime Phone #

CR2E034 (9/01)