2000	UNIFORM BUSI	NESS REPO	RT (UBF	R)		
DOCUMENT # K15285					FILED Mar 08, 2000 8:00 am Secretary of State 03-08-2000 90050 010 ***150.00	
EAGLEVIEW PROPERTIES, INC.						
Principal Plac	e of Business	Mailing Address			05 00 2000 90	150.00
401 NE MIZNA	BLVD	5030 CHAMPION BLVD				
SUITE T 709 BOCA RATON FL 33432		STE 6-271 BOCA RATON FL 33496-2473 US				
US US 2. Principal Place of Business 3. Mailing Address						
110 Ea	st Atlantic Ave.	PMB #271			A NORTANI'N DAK IYAAN DIKIN KINDI TATAN DIKI	OLE DIQEE OLAIL BENKI DIANE DIDEE IOOF
Suite, Apt.		Suite, Apt. #, etc. 5030 Champion Blud. 6-6		3-6	DO NOT WRITE IN	
City & State Delirar Beach, FL		City & State BULL RUTON, FL		4.	FEI Number 65-0032180	Applied For Not Applicable
Zip 33	444 Country USA	Zip 33496	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re			7.	Name and Address of New Regist	ered Agent
PAOLINI, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable)						
5030 CHAMPION BLVD				1 <u>B</u> 1		
STE 6-271 BOCA RATON FL 33496				<u>30 C</u>	hampion Blue	1. 6 - 6
BOCA RATON FL 33496 City Bock Raton FL Zip Code 33 4 96 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.						
8. The above	named entity submits this statement for the	ne purpose of changing its r	egistered office or	registered a	gent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
			I FEE IS \$150.0 0 Fee will be \$5 e to Department	50.00	10. Election Campaign Financin Trust Fund Contribution.	g \$5.00 May Be □ Added to Fees
11.	OFFICERS AND DI		12.	A	DDITIONS/CHANGES TO OFFICER	
TITLE NAME	st Paolini, kimberly	Delete	TITLE NAME	A. A. 1	02. CO2. 1] [/6]
STREET ADDRESS City-St-Zip	3050 CHAMPION BLVD, STE 6-271 BOCA RATON FL	l	STREET ADDRESS CITY-ST-ZIP	BNG	Raton FL	33496
TITLE	VPD	Delete	TITLE	<i><i>P V C C</i></i>		33496 □ Change □ Addition
NAME STREET ADDRESS	CARROCCIA, ALFRED M. 900 GREENSWARD LN G206	·	NAME STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP			
TITLE NAME	PD Paolini, Michael J	Delete	TITLE NAME	_ ·	-	C Ghange Addition
STREET ADDRESS CITY-ST-ZIP	3050 CHAMPION BLVD, STE 6-27	1	STREET ADDRESS CITY - ST - ZIP	PMB #	271 5030 Chang a Raton, FL	22491 Stud. 5-6
TITLE	BOCA RATON FL	Delete	TITLE	D00	a laton th	Change Addition
NAMÉ STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	с ¹¹ . С. ал		CITY-ST-ZIP			
TITLE NAME		Delete	TITLE NAME			Change 🗋 Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP TITLE			Change 🔲 Addition
NAME		<u> </u>	NAME			
STREET ADDRESS CITY-ST-ZIP			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. Muchael 3. Pholicity 561-279-9632						
SIGNAT	UBE: MO Par	17 19 1 1 1	WILLMAL	; J. i	3/1/00	Elevensel
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						