

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46948

1. Entity Name

LA VUE II, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90010 033 ***150.00

Principal Place of Business

3101 EMERALD POINTE DR
HOLLYWOOD FL 33021
US

Mailing Address

3990 SHERIDAN ST
#209
HOLLYWOOD FL 33021-3656
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0173803

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

BERMAN, STEVEN B
3990 SHERIDAN ST
SUITE 209
HOLLYWOOD FL 33021

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, 2000 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	DP	<input type="checkbox"/> De'te
NAME	BERMAN, HOWARD B.	
STREET ADDRESS	3801 NE 207 ST #801	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DV	<input type="checkbox"/> De'te
NAME	ACKERMAN, MARCOS	
STREET ADDRESS	20281 E COUNTRY CLUB DR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	DST	<input type="checkbox"/> De'te
NAME	WEIL, MICHAEL J.	
STREET ADDRESS	3541 N 31 TERR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERMAN, STEVEN B	
STREET ADDRESS	3990 SHERIDAN ST., #209	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

STEVE BERMAN VICE PRESIDENT

MARCH 10, 2000

Date

(954) 981-7744

Daytime Phone #

CR2E034 (9/99)