

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77841

1. Entity Name

LAKEVIEW HOLDINGS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90185 037 ***150.00

Principal Place of Business

701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0201611

Applied For

Not Applicable

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

SULLIVAN, JOHN S
701 BRICKELL AVENUE
STE 850
MIAMI FL 33131

Name

CT CORPORATION SYSTEMS

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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 PS
NAME SULLIVAN, JOHN S
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 850
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE DPST
NAME Javier De Otaduy
STREET ADDRESS Le Casa Bianca Pla 3ET N 3
CITY-ST-ZIP 17 Blvd Du Larvotto 98000 Montecarlo ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

JAVIER DE OTADUY

4/20/01

Date

305-381-8340

Daytime Phone #

CR2E034 (10/00)