

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001740 AF

DOCUMENT # L94000000144

1. Entity Name
WESTVIEW MANOR PROPERTIES, L.C.

00 MAR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1175-1185 98 STREET
BAY HARBOUR ISLAND FL 33154

Mailing Address
2751 S. OCEAN DRIVE
APT. 1401-N
HOLLYWOOD FL 33019-2739

2/4/7



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0480351
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BERGHAUS, ALFRED~~
2751 S. OCEAN DRIVE
APT. 1401-N
HOLLYWOOD FL 33019

Name GENIA ENTERPRISES INC.
Street Address (P.O. Box Number is Not Acceptable)
9601 COLLINS AVE SUITE 1206
City BAY HARBOR ISLANDS FL Zip Code 33154

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 ALFRED BERGHAUS 3.25.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

NEW OWNER

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BERGHAUS, ALFRED	
STREET ADDRESS	2751 S. OCEAN DR #N-1401	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BERGHAUS, ANGELA	
STREET ADDRESS	2751 S. OCEAN DR #N-1401	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	GENIA ENTERPRISES INC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9601 COLLINS AVE. SUITE 1206 MGRM	
STREET ADDRESS	BAY HARBOR ISLANDS, FL 33154	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALFRED BERGHAUS 3.25.2000 954-9293858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)