

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90051 018 \*\*\*\*61.25

**DOCUMENT # N17109**

1. Entity Name

**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM N ASSOCIATI**

Principal Place of Business

Mailing Address

MIAMI MANAEMENT. INC.  
 142L75 SW 142 AVE.  
 MIAMI FL 33186  
 US

MIAMI MANAGEMENT. INC.  
 1427L5 SW 142 AVE  
 MIAMI FL 33186  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2777943**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAI, CARLOS  
 999 PONCE DE LEON BLVD.  
 #1110  
 CORAL GABLES FL 33134

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: PD <input type="checkbox"/> Delete NAME: RIGGS, LARRY STREET ADDRESS: 9731 HAMMOCKS BLVD B206 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD <input type="checkbox"/> Delete NAME: KLOVKORN, HANK STREET ADDRESS: 9715 HAMMOCKS BLVD I206 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD <input checked="" type="checkbox"/> Delete NAME: NORMAN, CONNIE STREET ADDRESS: 9725 HAMMOCKS BLVD F101 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input checked="" type="checkbox"/> Delete NAME: VIGIL, TY STREET ADDRESS: 14275 SW 142 AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> Delete NAME: LUAICES, CESAR STREET ADDRESS: 9703 HAMMOCKS BLVD CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** *[Signature]* K Rgg, 3/12/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)