


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90117 038 \*\*\*150.00

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<b>DOCUMENT #</b> P01000029408	
<b>1. Entity Name</b> PARK VIEW 6 ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1200 NW 58 TERR. UNIT G SUNRISE FL 33313	<b>Mailing Address</b> 1200 NW 58 TERR. UNIT G SUNRISE FL 33313
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<b>2. Principal Place of Business</b> 8747-NW-50th Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8747-NW-50th Street Suite, Apt. #, etc.
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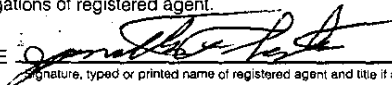
<b>City &amp; State</b> Lauderhill, FL	<b>City &amp; State</b> Lauderhill, FL
<b>Zip</b> 33351	<b>Zip</b> 33351
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 65-1089741	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  LESTER, JONATHAN F 7411 NW 41 CT LAUDERHILL FL 33319
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b>  <b>JONATHAN F. LESTER</b>	<b>DATE</b> 7/21/03

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<b>NAME</b> KAHN, SHARON	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1200 NW 58 TERR, UNIT G	<b>CITY-ST-ZIP</b> SUNRISE FL 33313	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> TELLUS, VERNANTE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1200 NW 58 TERR, UNIT G	<b>CITY-ST-ZIP</b> SUNRISE FL 33313	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> LESTER, JONATHAN F	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 7411 NW 41 CT	<b>CITY-ST-ZIP</b> LAUDERHILL FL 33319	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<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 607, 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.**

<b>SIGNATURE:</b>  <b>JONATHAN F. LESTER</b>	<b>DATE</b> 7/21/03	<b>Daytime Phone #</b> 954-572-8422
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CR2E034 (4/03)