2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State 05-03-2002 90155 001 ***158.75

DOCUMENT # P93000024159

1. Entity Name

LONGVIEWS CORPORATION

L_					1		
I	al Place of Business	Mailing Address			ĺ		
601 BRIC SUITE 10 MIAMI FL		601 BRICKELL KEY DR SUITE 1080	601 BRICKELL KEY DR				
	. 33(3)	MIAMI FL 33131		}			ė
2. Princip	pal Place of Business	3. Mailing Address					
Suite, /	Apt. #, etc.	Cuito Ant # at-			The second secon		Naci gitte telt tent
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	THIS SPACE	
City & S	State	City & State		+	4. FFI Number		
Zip	Country	Zip			65-0442467	\vdash	Applied For Not Applicable
ā <u>*</u> -			Country	'د	.5Certificate of Status Desired	\$8.75	Additional
	6. Name and Address of Curr	rent Registered Agent			7. Name and Address of New Register	Lee Regu	uired
HAWILI	LA, JOSE		Name		Planto and Address of New neglater	ed Agent	
	RICKELL KEY DRIVE		Street	Address (P.C	O. Box Number is Not Acceptable)		
SUITE 1	1080				7. Dox radificer is raci Acceptable)		,
MIAMI F	FL 33131						
	_		City			FL Zip Co	:ode
G. The above	ove named entity submits this statemen	at for the purpose of changing its	s registered office c	or realstered	agent or both in the State of Florida	<u>'L</u>	
SIGNATURE	·-		-	, , , ,	agent, or both, in the state of Fiorida.		1
*ORDIWATOTAL	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT					
9. This con	rporation is eligible to satisfy its Intensil		E: Registered Agent signatu		2n reinstating) DATE	Ē	
rax mng	g requirement and elects to do so.	After May 1, 200	!!! FEE IS \$150.0 02 Fee will be \$5	EEO OO	10. Election Campaign Financing		
(See crite	teria on back)	─ Make Check Payabi	عو عاد الدون ا الدون الدون ا	50.00 of State	Trust Fund Contribution.	□ \$5. 0	.00 May Be led to Fees
TITLE	OFFICERS AN	ND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AN		1
NAME	HAWILLA, ELIANI M M	☐ Delete	TITLE		DETTONO/OF MINOLO TO OFFICE NO	ND DIRECTOR Change	
STREET ADDRESS	s 601 BRICKELL KEY DRIVE, SUI	JITE 1080	NAME STREET ADDRESS	1		LJ Vriango	Addition 3
CITY-ST-ZIP	MIAMI FL 33131		STREET ADDRESS CITY-ST-ZIP	1			Addition Addition
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STREET ADDRESS	601 BRICKELL KEY DRIVE, SUI		NAME	i		☐ Change	☐ Addition {
CITY-ST-ZIP	MIAMI FL 33131	TE 1080	STREET ADDRESS	I	•		
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CITY-ST-ZIP		7	STREET ADDRESS CITY-ST-ZIP				}
TITLE NAME	· ·	□ Delete	TITLE				
STREET ADDRESS	·	,	NAME			☐ Change	☐ Addition
ITY-ST-ZIP		,	STREET ADDRESS				1

CITY-ST-ZIP 3. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATUre: SIGNATURE AND TYPED OR PAINTED NAM