

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-10-2002 90028 008 ***150.00

DOCUMENT # P94000032473

1. Entity Name
WATER VIEW, INC.

Principal Place of Business
**8433 W OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016**

Mailing Address
**8433 W OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016**

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 **65-0494787**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HELLMAN, MAYNARD J
 8433 W OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent

Name **Pablo J. Valdes**
 Street Address (P.O. Box Number is Not Acceptable)

8433 W. Okeechobee Rd
 City **Hialeah Gardens** FL Zip Code **33016**

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

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, 2002 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

TITLE **X PSD**
 NAME **HELLMAN, MAYNARD J** ☒ Delete
 STREET ADDRESS **8433 W OKEECHOBEE ROAD**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D**
 NAME **PABLO J. VALDES** ☐ Change ☒ Addition
 STREET ADDRESS **8433 OKEECHOBEE RD**
 CITY-ST-ZIP **HIALEAH GARDENS, FL 33016**

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

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 CITY-ST-ZIP

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

4/23/02

Date

305) 822-8000

Daytime Phone #

CR2034 (9/01)