

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054797

1. Corporation Name
MOUNTAIN VIEW FINANCIAL, INC.

Principal Place of Business
7940 SOUTHWEST 17 STREET
MIAMI FL 33155

Mailing Address
7940 SOUTHWEST 17 STREET
MIAMI FL 33155

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1996

4. FEI Number
65-0684301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
9440 SW 140TH ST
MIAMI FL 33176

81. Name
Namoff, Robert M.
82. Street Address (P.O. Box Number is Not Acceptable)
7940 SW 17 Street
83.
84. City
Miami FL 85. Zip Code
33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NAMOFF, ROBERT M
STREET ADDRESS 7940 SOUTHWEST 17 STREET
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME EPSTEIN, DONALD
STREET ADDRESS 7940 SOUTHWEST 17 STREET
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME BERMAN, DAVID M
STREET ADDRESS 8050 SW 86 TERR
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)