

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 050 ***150.00

0291353 AV

DOCUMENT # P97000067238

1. Entity Name
PARKVIEW ASSOCIATES, INC.



Principal Place of Business
760 NW 107TH AVE
SUITE 300
MIAMI FL 33172
US

Mailing Address
760 NW 107TH AVE
SUITE 300
MIAMI FL 33172
US

11030951



2. Principal Place of Business

3. Mailing Address

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0793041**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, SHELLY
760 NW 107TH AVE
SUITE 300
MIAMI FL 33131-2336

Name

(b/e)

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	700 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, SHELLY	
STREET ADDRESS	760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRASNOFF, JEFFREY P.	
STREET ADDRESS	760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SAIONTZ, STEVEN J.	
STREET ADDRESS	760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AC	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ARTHUR J	
STREET ADDRESS	760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORDAN, MARGARET	
STREET ADDRESS	760 NW 107TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	848 Brickell Avenue, #100	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1601 Washington Ave., Suite 800	
CITY-ST-ZIP	Miami Beach, FL 33139	

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.

SIGNATURE: Arthur J. Lieberman **Arthur J. Lieberman** 4/28/02 305/695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)