

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010641

1. Entity Name

LONGVIEW PARTNERS GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90173 002 ***150.00

Principal Place of Business

Mailing Address

7660 SW 73RD PLACE
MIAMI FL 33143

7660 SW 73RD PLACE
MIAMI FL 33143-4142

2. Principal Place of Business

10051 ORANGE DRIVE

3. Mailing Address

10051 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number 65-0809784

Applied For

Not Applicable

Zip 33328

Country USA

Zip 33328

Country USA

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

PASTOR, EMILIO C ESQ
255 UNIVERISTY DRIVE
CORAL GABLES FL 33134

Name ROGER KATEN

Street Address (P.O. Box Number is Not Acceptable)

10051 ORANGE DRIVE

City DAVIE FL

FL

Zip Code 33328

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 of officer or director 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME PASTOR, BARBARA M
STREET ADDRESS 7660 SW 73RD PLACE
CITY-ST-ZIP MIAMI FL 33143 ☒ Delete

TITLE PTD
NAME KATEN, ROGER
STREET ADDRESS 10051 ORANGE DRIVE
CITY-ST-ZIP DAVIE, FL 33328 ☐ Delete ADD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

4/24/2000