

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90457 043 ***158.75

DOCUMENT # P98000057038

1. Entity Name

WEST VIEW APARTMENTS, INC.

Principal Place of Business

Mailing Address ✓

~~2907 DOUGLAS ROAD #401
 MIAMI FL 33145~~

4225 WEST 16 AVE
 HIALEAH FL 33012-7631

2. Principal Place of Business

4225 W. 16 Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, Fl

City & State

Zip

33012

Country

USA

Country

4. FEI Number

65-0848872

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALVAREZ, SANTIAGO
 4225 WEST 16 AVE
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

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.

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, 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 Delete
 NAME **PD**
 STREET ADDRESS **GARCIA, VIVIAN P**
 CITY-ST-ZIP **4225 WEST 16 AVENUE
 HIALEAH FL 33012**

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS **SANTIAGO J. ALVAREZ**
 CITY-ST-ZIP **4225 W. 16 Avenue, HIALEAH, FL.**

TITLE Delete
 NAME **VSTD**
 STREET ADDRESS **ALVAREZ, SANTIAGO J**
 CITY-ST-ZIP **4225 WEST 16 AVENUE
 HIALEAH FL 33012**

TITLE Change Addition
 NAME **VSTD**
 STREET ADDRESS **VIVIAN P. GARCIA**
 CITY-ST-ZIP **4225 W. 16 Avenue, HIALEAH, FL.**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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Change Addition
 TITLE
 NAME
 STREET ADDRESS
 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

4-27-00
 Date

305 821-3241
 Daytime Phone #

CRPF024 (9/99)