

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90071 023 ***150.00

DOCUMENT # P99000049656
 1. Entity Name
VIEW AT OCEAN DRIVE, INC.

Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131
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2. Principal Place of Business 1548 BRICKELL AVE. Suite, Apt. #, etc.	3. Mailing Address 1548 BRICKELL AVE. Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129-1210	Zip 33129-1210
Country USA	Country USA

4. FEI Number 65-0937833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **SALUSSOLIA, PIERO**
 Street Address (P.O. Box Number is Not Acceptable)
1548 BRICKELL AVE.
 City **MIAMI** FL **33129-1210**

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 *Piero Salussolia* **PIERO SALUSSOLIA** 04/26/01
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PICOZZI, MARIO 530 OCEAN DRIVE, PH2 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUENTES, CARMEN 200 S BISCAYNE BLVD STE 4815 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANCA, MARCELLA 1548 BRICKELL AVE. MIAMI, FL 33129-1210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marcella Manca* **MARCELLA MANCA** 04/26/01 305-343-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)