

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004119

**Entity Name:** PARKVIEW BUSINESS CENTER, AN OFFICE CONDOMINIUM ASSOCIATION, INC.

**FILED  
Mar 25, 2015  
Secretary of State  
CC4085705042**

**Current Principal Place of Business:**

770 PONCE DE LEON BLVD  
101  
CORAL GABLES, FL 33134

**Current Mailing Address:**

770 PONCE DE LEON BLVD  
101  
CORAL GABLES, FL 33134

**FEI Number: 26-2384891**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MANZANILLA, LEO A  
770 PONCE DE LEON BLVD  
101  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MANZANILLA, LEO  
Address 770 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name LEITER, ALEX  
Address 770 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title STD  
Name MANZANILLA, YAMILE  
Address 770 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEOPOLDO MANZANILLA**

**PRESIDENT**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date