

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90108 007 ****61.25

DOCUMENT # 720318

1. Entity Name

PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

6969 COLLINS AVENUE
M
MIAMI BEACH FL 33141
US

6969 COLLINS AVENUE
M
MIAMI BEACH FL 33141-3201
US

2. Principal Place of Business

3. Mailing Address

6969 Collins Ave.

6969 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

M
 City & State

M
 City & State

Miami Beach Fl.

Miami Beach Fl.

Zip Country

Zip Country

33141 Dade

33141 Dade

4. FEI Number

59-1449993

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

PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141

Name **Santiago F. Palacios**

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

6969 Collins Ave.

City **Miami Beach**

FL

Zip Code **33141**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	PALACIOS, SANTIAGO F	6969 COLLINS AVE.	MIAMI BEACH FL 33141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	CHAO, HECTOR	6969 COLLINS AVE.	MIAMI BEACH FL-33141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	RODRIGUEZ, FELIX	6969 COLLINS AVE.	MIAMI BEACH FL 33141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	KADIN, SOL	6969 COLLINS AVE	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>	S	Lilliam Janata	6969 Collins Ave.	Miami Beach Fl. 33141	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CABANAS, EDUARDO	6969 COLLINS AVENUE	MIAMI BEACH FL 33141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MEDINA, DANIEL	6969 COLLINS AVE.	MIAMI BCH. FL 33141	<input type="checkbox"/>	D	Rodriguez Armando	6969 Collins Ave.	Miami Beach Fl. 33141	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 617, 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:

[Signature] **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000
 Date

Daytime Phone #

CR2E037 (9/99)