

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720318

1. Entity Name

PORT ROYALE CONDOMINIUM, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90008 048 ****61.25

80063652



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6969 COLLINS AVENUE M MIAMI BEACH FL 33141 US	Mailing Address 6969 COLLINS AVENUE M MIAMI BEACH FL 33141 US
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2. Principal Place of Business 6969 Collins Ave. Suite, Apt. #, etc.	3. Mailing Address 6969 Collins Ave. Suite, Apt. #, etc.
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City & State Miami Beach, FL.	City & State Miami Beach FL.
Zip 33141	Zip 33141
Country Dade	Country Dade

4. FEI Number 59-1449993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALACIOS, SANTIAGO 6969 COLLINS AVE MIAMI BEACH FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALACIOS, SANTIAGO F 6969 COLLINS AVE. MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAO, HECTOR 6969 COLLINS AVE. MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, FELIX 6969 COLLINS AVE. MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ramirez Esther 6969 Collins Ave. Miami Beach FL. 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANATA, LINDA Lilliam 6969 COLLINS AVE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABANAS, EDUARDO 6969 COLLINS AVENUE MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez Felix 6969 Collins Ave. Miami Beach FL. 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, DANIEL 6969 COLLINS AVE. MIAMI BCH. FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Andino Elsa 6969 Collins Ave. Miami Beach FL. 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SANTIAGO PALACIOS **REQUIRED** 8/28/01 305-868-5681

CR2E037 (5/01)