

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726103

1. Entity Name

ROYAL PALMETTO CONDOMINIUM, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 050 ****61.25

Principal Place of Business	Mailing Address
6095 W. 19TH AVENUE HIALEAH FL 33012	6095 W. 19TH AVENUE HIALEAH FL 33012-6087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1576976	<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

HERNANOEZ, HSRMIRA
6095 W. 19TH AVE #215
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 *Irmia Hernandez Hermine Hernandez* 1/30/00
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. <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	
TITLE	P <input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN A
STREET ADDRESS	6095 W 19TH AVENUE, APT 414
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, IVAS
STREET ADDRESS	6095 W. 19 AVE.
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, DAETHA
STREET ADDRESS	6095 W. 19 AVE.
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ABARO, ROBERTO
STREET ADDRESS	6095 W 19 AVE.
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CASTRO, ARA
STREET ADDRESS	6095 W. 19 AVE #310
CITY-ST-ZIP	HIALEAH FL 33112
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Alvarez
STREET ADDRESS	unit 414
CITY-ST-ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha L. Alvarez
STREET ADDRESS	#302
CITY-ST-ZIP	
TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irmia Hernandez
STREET ADDRESS	#215
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caridad Ofarrill
STREET ADDRESS	#210
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alba Leon
STREET ADDRESS	#301
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto Abreu
STREET ADDRESS	Director #309
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ana Castro
STREET ADDRESS	Director #310
CITY-ST-ZIP	

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: *Donatiana Alvarez* 1/30/00 (305) 821-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)