

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90020 048 ****61.25

DOCUMENT # 732061

1. Entity Name

RIO CRISTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

453 SW 2ND ST
 MIAMI FL 33130

453 SW 2ND ST
 MIAMI FL 33130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1845564

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

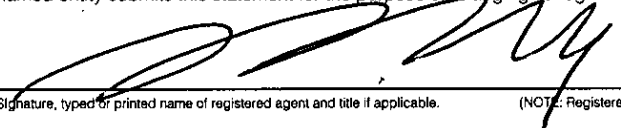
FRANCISCO, PUPO
 453 SW 2ND ST
 APT 307
 MIAMI FL 33130

Name CARLOS A. TRIAY
 Street Address (P.O. Box Number is Not Acceptable)

10570 N.W. 27 ST. SUITE #103

City MIAMI FLORIDA **FL** Zip Code 33172

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

4/2/01

**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	VPD PUPO, ALDO	<input type="checkbox"/> Delete
STREET ADDRESS	453 SW 2ND ST #305	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	D CASTILLO, ENRIQUE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	453 SW 2ND ST #302	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	PD LOPEZ, LESBIA	<input type="checkbox"/> Delete
STREET ADDRESS	453 S.W. 2ND ST. #408	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	D ENRIQUE, CASTILLO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	453 SW 2ND ST, #302	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	STD FRANCISCO, PUPO	<input type="checkbox"/> Delete
STREET ADDRESS	453 SW 2ND ST, #307	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D ZETA ALZAGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	453 S.W. 2ND ST #201	
CITY-ST-ZIP	MIAMI FLORIDA 33130	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D MIKE GONZALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	453 S.W. 2ND ST #101	
CITY-ST-ZIP	MIAMI FLORIDA 33130	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: FRANCISCO PUPO SECRETARY & TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

(305) 545-7737

Daytime Phone #

CR2E037 (10/00)