

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90172 004 ****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

Zip

Country

Zip

Country

4. FEI Number

59-1845564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAI, CARLOS A
10570 NW 27 ST SUITE #103
MIAMI FL 33172

Name ~~FRANCISCO PUPPO~~
 Street Address (P.O. Box Number is Not Acceptable)

453 S.W. 2ND ST APT#307-C

City **MIAMI**

State **FL**

Zip Code **33130**

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

Francisco Pupo

[Signature]

4-16-02

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 **VPD** Delete
 NAME ~~FRANCISCO PUPPO~~
 STREET ADDRESS **453 SW 2ND ST #305**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **VPD** Change Addition
 NAME **LEE, RENFRON DAVID**
 STREET ADDRESS **453 S.W. 2ND ST APT#205-B**
 CITY-ST-ZIP **MIAMI FLORIDA 33130**

TITLE **D** Delete
 NAME **ALZAGA, ZELDA**
 STREET ADDRESS **453 SW 2ND ST #201**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LOPEZ, LESBIA**
 STREET ADDRESS **453 S.W. 2ND ST. #408**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GONZALES, MIKE**
 STREET ADDRESS **453 SW 2ND ST #101**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **FRANCISCO, PUPO**
 STREET ADDRESS **453 SW 2ND ST, #307**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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
 FRANCISCO PUPPO

4-16-02

(305) 549-7246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)