


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90915 033 ****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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TRIAI, CARLOS A
453 SW 2ND ST
APT #307-C
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **FRANCISCO PUPO**

Street Address (P.O. Box Number is Not Acceptable)
453 S.W. 2ND ST APT#307-

City **MIAMI FLORIDA** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-10-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEE, RENFRON D	
STREET ADDRESS	453 SW 2ND ST APT #205-B	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALZAGA, ZELDA	
STREET ADDRESS	453 SW 2ND ST #201	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, LESBIA	
STREET ADDRESS	453 S.W. 2ND ST. #408	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, MIKE	
STREET ADDRESS	453 SW 2ND ST #101	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRANCISCO, PUPO	
STREET ADDRESS	453 SW 2ND ST, #307	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVIA HERNANDES	
STREET ADDRESS	453 S.W. 2NDST APT#107	
CITY-ST-ZIP	MIAMI FLORIDA 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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  DATE **4-10-03** (305) 549-7246

CR2E037 (10/02)