

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0040376

DOCUMENT # N00000000961

1. Entity Name

CITYPLACE TOWNHOUSE POA, INC.

05-10-2001 90062 012 *****70.00

Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ROCHA, ROBERTO S 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145				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 _____
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCHA, ROBERTO S			NAME			
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SURIOL, JOE M			NAME			
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, ANGEL			NAME			
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARIMON, FERNANDO			NAME			
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/16/01

(305) 460-9900

CR2E037 (10/00)