

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90039 020 ****61.25

DOCUMENT # N97000000 235 **P**
1. Entity Name
 Poinciana Royale Villas Condominium II Assoc.

Principal Place of Business **Mailing Address**
 2100 West 76th Street 2100 West 76th Street
 Hialeah, Fl. 33016 Hialeah, Fl. 33016

2. Principal Place of Business **3. Mailing Address**
 2050 Coral Way PO BOX 521458
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #515
 City & State City & State
 Miami FL Miami, FL
 Zip Zip
 FL 33145 US 33152 US

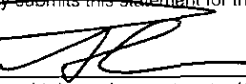
A3075031

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 65-0761943 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Frank J. Segredo, Esq.
 901 Ponce De Leon, #701
 Coral Gables, Fl. 33134

7. Name and Address of New Registered Agent
 Name: Bonafide Management Group, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 2050 Coral Way
 Suite # 515
 City: Miami **FL** Zip Code: 33145

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  **Ricardo Russi for Bonafide Management Group** **DATE** 8/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PTD	NAME Palomino, Yvonne	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2100 West 76 th St. #202	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE UPD	NAME Larios, Maria Dolores	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2100 West 76 th St. #202	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE SD	NAME Peraza, Aide	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2100 West 76 th St. #202	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Torres Ricardo	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7520 West 20 th St. #206	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE UPD	NAME Caicedo, Rafael	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7532 West 20 th St. #204	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE TD	NAME Moeller, Angela	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7526 West 20 th St. #206	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE SD	NAME Garcia, Miguel A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7520 West 20 th St. #202	CITY-ST-ZIP Hialeah, Fl. 33016	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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**

08-29-00 **Date** **Daytime Phone #**

CR2E034 (9/99)