

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

0078361

DOCUMENT # N97000000235

1. Entity Name
**POINCIANA ROYALE VILLAS CONDOMINIUM II ASSOCIATI
C? INC.**



FILED

03 NOV -5 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2050 CORAL WAY
#515
MIAMI FL 33145

Mailing Address
PO BOX 521458
MIAMI FL 33152

2. Principal Place of Business

3. Mailing Address

3100 NW 72 Ave

Suite, Apt. #, etc.

Suite 125

City & State

Miami, FL

Zip
33122

Country

U.S.

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT CHECK HERE IF YOU ARE CHANGING

4. FEI Number **65-0761943**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSSI, RICARDO
C/O BONAFIDE MANAGEMENT
2050 CORAL WAY #515
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Ricardo Russi**
Street Address (P.O. Box Number is Not Acceptable)
**c/o Bonafide Mgmt.
3100 NW 72 Ave #125**
City **Miami** FL Zip Code **33122**

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

Ricardo Russi

9/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JUAN ALBERTO 7520 W 20 STREET #203 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAICEDO, RAFAEL 7532 W 20 STREET #204 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, MIGUEL 7520 W 20 STREET #202 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVA, JOSE 7512 W 20 SREET #101 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosales, Alexis 7512 W 20 Ave #206 Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rivas, Jose 7512 W 20 Ave #204 Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Noqueria Armando 7512 W 20 Ave. Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900024458819 11/05/03--01067--015 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900024458819 11/05/03--01067--016 **175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

9/8/03

(305)857-9777

CR2E037 (10/02)