

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 19, 2000 8:00 am
Secretary of State

04-29-2000 90017 041 ****61.25

DOCUMENT # N99000000942

1. Entity Name

ROYAL POINCIANA INDUSTRIAL PARK CONDOMINIUM NO. 2

Principal Place of Business

Mailing Address

11030 N. KENDALL DRIVE
SUITE 1110
CORAL GABLES FL 33134

11030 N. KENDALL DRIVE
SUITE 1110
CORAL GABLES FL 33134

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

65-0921976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VENTON, WILLIAM
11030 N. KENDALL DRIVE
SUITE 1110
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JESUS R. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

11936 SW 8TH STREET

City

MIAMI

FL

Zip Code

33184

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.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AVILA, RIGOBERTO	
STREET ADDRESS	11030 N. KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VENTO, WILLIAM	
STREET ADDRESS	11030 N. KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AVILA, YESENIA	
STREET ADDRESS	11030 N. KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIO RUIZ	
STREET ADDRESS	8594 NW 61 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE R. FREITAS	
STREET ADDRESS	8554 N.W. 61 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEMANUEL MARTINEZ	
STREET ADDRESS	8590 NW 61 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
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		<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)