

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90091 012 ****61.25

DOCUMENT # N99000000942

1. Entity Name **ROYAL POINCIANA INDUSTRIAL PARK
CONDOMINIUM NO.2 ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

70011789

2. Principal Place of Business
8554 NW 61 STREET

Suite, Apt. #, etc.

3. Mailing Address
3155 NW 82 AVENUE

Suite, Apt. #, etc.

101

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
650921976

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33122

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
THE DORAN JASON GROUP OF FL.-M.PALACIOS

Street Address (P.O. Box Number is Not Acceptable)
3155 NW 82 AVENUE

SUITE 101

City
MIAMI

FL

Zip Code
33122

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 10, 2003

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD JOSE R. FREITAS 8554 NW 62 ST. MIAMI, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS CARLOS DA SILVA 8578 NW 61 ST. MIAMI, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ULISES MONES 8574 NW 61 ST. MIAMI, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIANCARLO SALVATOREE 8570 NW 61 ST. MIAMI, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARTH BAILEY 8550 NW 61 ST. MIAMI, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 10, 2003

Date

305-592-7606

Daytime Phone #

CR2E037B (12/02)