

2001 UNIFORM BUSINESS REPORT (UBR)

ADD75548

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000032351					
1. Entity Name THE POINCIANA GROUP, INC.					
Principal Place of Business 8065 SW 107TH AVENUE, #323 MIAMI, FLORIDA 33173			Mailing Address 8065 SW 107TH AVENUE, #323 MIAMI, FLORIDA 33173		
2. Principal Place of Business 18629 SW 107TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 18629 SW 107TH AVENUE Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0998337	
Zip 33157	Country USA	Zip 33157	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS C. MILLER 200 S. BISCAYNE BLVD., #4600 MIAMI, FLORIDA 33131			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERIC T. REARDON	NAME			
STREET ADDRESS	8065 SW 107TH AVENUE, #323	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 33173	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFREDO SOCORRO	NAME			
STREET ADDRESS	11130 KENDALL DRIVE, #202	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 33173	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORESTES E. GONZALEZ	NAME			
STREET ADDRESS	1502 LISBON	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIGUEL SALGUERIO, JR.	NAME			
STREET ADDRESS	11130 N. KENDALL DRIVE, #202	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILIP J. REICHENTHAL	NAME			
STREET ADDRESS	9100 DADELAND BLVD.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 33156	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			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			6/26/01 305-969-0005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

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