

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726103

1. Entity Name

ROYAL PALMETTO CONDOMINIUM, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 050 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 6095 W. 19TH AVENUE HIALEAH FL 33012 | 6095 W. 19TH AVENUE HIALEAH FL 33012-6087 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|--------------|---------------------|--------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | City & State | Suite, Apt. #, etc. | City & State |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 59-1576976 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HERNANOEZ, HSRMIRA 6095 W. 19TH AVE #215 HIALEAH FL 33012 | | 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 *Irmia Hernandez Hermine Hernandez* DATE 1/30/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALVAREZ, JUAN A 6095 W 19TH AVENUE, APT 414 HIALEAH FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> Change <input type="checkbox"/> Addition Juan Alvarez unit 414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALVAREZ, IVAS 6095 W. 19 AVE. HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martha L. Alvarez #302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVAREZ, DAETHA 6095 W. 19 AVE. HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Irmia Hernandez #215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABARO, ROBERTO 6095 W 19 AVE. HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Caridad Ofarrill #210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTRO, ARA 6095 W. 19 AVE #310 HIALEAH FL 33112 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alba Leon #301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Roberto Abreu Director #309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ana Castro Director #310 |

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: *Donatiana Alvarez* DATE 1/30/00 DAYTIME PHONE # (305) 821-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)