

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90063 022 ****61.25

DOCUMENT # N08351

1. Entity Name

FONTANA POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

COURTESY PROPERTY MGT
 13250 SW 135 AVE
 MIAMI FL 33186
 US

Mailing Address

COURTESY PROPERTY MGT
 13250 SW 135 AVE
 MIAMI FL 33186
 US

2. Principal Place of Business

PROPERTY MANAGEMENT SERVICES

3. Mailing Address

PROPERTY MANAGEMENT SERVICES

Suite, Apt. #, etc.

8299 CORAL WAY

City & State

MIAMI FL

Zip

33155

Country

U.S.A

Suite, Apt. #, etc.

8299 CORAL WAY

City & State

MIAMI FL

Zip

33155

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2656212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKALAR, SUSAN P.A
2240 SW 70TH AVE
SUITE D
DAVE FL 33317

7. Name and Address of New Registered Agent

Name **PROPERTY MANAGEMENT SERVICES CORP.**

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

8299 CORAL WAY

City

MIAMI

FL

Zip Code **33155**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, KENNETH	
STREET ADDRESS	8260 NW 191 ST	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYANT, KENNETH	
STREET ADDRESS	8260 NW 191 ST	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	RALPH, PAEZ	
STREET ADDRESS	8260 NW 191 ST	
CITY-ST-ZIP	MIAMI FL 33015	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILERA, ROLAND	
STREET ADDRESS	8211 NW 191ST #3D	
CITY-ST-ZIP	MIAMI, FL 33015	
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		
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: **Kenneth L. Bryant** **PRESIDENT** **01-30-01** **305 264-4250 X153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)