

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **361830**

1. Entity Name
POINCIANA NEW TOWNSHIP, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92192 013 ***158.75

0636110 AT

Principal Place of Business
**201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134
US**

Mailing Address
**P.O. BOX 026000
MIAMI FL 33102
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-1288187**
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**KERRIGAN, JUANITA I.
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES FL 33134**

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VSD	KERRIGAN, JUANITA	201 ALHAMBRA CIR- 12TH LFR	CORAL GABLES FL 33134	<input type="checkbox"/>
VD	GETMAN, DENNIS J.	201 ALHAMBRA CIR- 12TH LFR	CORAL GABLES FL 33134	<input type="checkbox"/>
SD	KERRIGAN, JUANITA I.	201 ALHAMBRA CIR- 12TH LFR	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
V	RAYMOND, WARREN	201 ALHAMBRA CIR- 12TH LFR	CORAL GABLES FL 33134	<input type="checkbox"/>
T	RAMA, MICHAEL	201 ALHAMBRA CIR- 12TH LFR	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	MCAIN, CHARLES L.	201 ALHAMBRA CIR, 12 FL	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 607, 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: **JUANITA I. KERRIGAN** Secretary **4/24/03** (305) 442-7000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)