

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90108 007 \*\*\*\*61.25

**DOCUMENT # 720318**

1. Entity Name

**PORT ROYALE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**6969 COLLINS AVENUE**  
**M**  
**MIAMI BEACH FL 33141**  
**US**

**6969 COLLINS AVENUE**  
**M**  
**MIAMI BEACH FL 33141-3201**  
**US**

2. Principal Place of Business

3. Mailing Address

**6969 Collins Ave.**

**6969 Collins Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**M**  
 City & State

**M**  
 City & State

**Miami Beach Fl.**

**Miami Beach Fl.**

Zip Country

Zip Country

**33141 Dade**

**33141 Dade**

4. FEI Number

**59-1449993**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALACIOS, SANTIAGO**  
**6969 COLLINS AVE**  
**MIAMI BEACH FL 33141**

Name **Santiago F. Palacios**

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

**6969 Collins Ave.**

City **Miami Beach**

**FL**

Zip Code **33141**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PALACIOS, SANTIAGO F</b> <b>6969 COLLINS AVE.</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CHAO, HECTOR</b> <b>6969 COLLINS AVE.</b> <b>MIAMI BEACH FL-33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RODRIGUEZ, FELIX</b> <b>6969 COLLINS AVE.</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KADIN, SOL</b> <b>6969 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CABANAS, EDUARDO</b> <b>6969 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDINA, DANIEL</b> <b>6969 COLLINS AVE.</b> <b>MIAMI BCH. FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>S</b> <b>Lilliam Janata</b> <b>6969 Collins Ave.</b> <b>Miami Beach Fl. 33141</b>
			<b>D</b> <b>Rodriguez Armando</b> <b>6969 Collins Ave.</b> <b>Miami Beach Fl. 33141</b>

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:** *Santiago F. Palacios* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/2000**

Date

Daytime Phone #

CR2E037 (9/99)