

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90080 008 *****61.25

DOCUMENT # 720318

1. Entity Name

PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

6969 COLLINS AVENUE
 MIAMI BEACH FL 33141
 US

6969 COLLINS AVENUE
 MIAMI BEACH FL 33141
 US

2. Principal Place of Business

3. Mailing Address

6969 collins Ave.

6969 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Office

Office

City & State

City & State

Miami Beach, Florida

Miami Beach, Florida

Zip

Country

Zip

Country

33141

USA

33141

USA

6. Name and Address of Current Registered Agent

PALACIOS, SANTIAGO
 6969 COLLINS AVE
 MIAMI BEACH FL 33141

4. FEI Number

59-1449993

Applied For

Not Applicable

5. Certificate of Status Desired

☐ ☒

\$8.75 Additional
 Fee Required

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

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	P	<input type="checkbox"/> Delete
NAME	PALACIOS, SANTIAGO F	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAO, HECTOR	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T-D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ESTHER	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANATA, LILLIAM	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, FELIX	
STREET ADDRESS	6969 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDINO, ELSA	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	v b	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIX RODRIGUEZ	
STREET ADDRESS	6969 collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33141	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO CRESPI	
STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33141	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 305-866-0759

CR2E037 (9/01)