

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

Jul 05, 2000 8:00 am
Secretary of State

04-26-2000 90189 001 ****61.25

DOCUMENT # 723174

1. Entity Name:

RO-MONT SOUTH CONDOMINIUM "M", INC.

Principal Place of Business

Mailing Address

20314 NE 2ND AVE
NORTH MIAMI BEACH FL 33179

20314 NE 2ND AVE
NORTH MIAMI BEACH FL 33179-2344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1499069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RO-MONT SOUTH EXECUTIVE COUNCIL, INC.

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

20314 NE 2ND AVE

City

NORTH MIAMI BEACH

FL

Zip Code

33179

JUAN G PONCE

115 NE 202 TERRACE

BLDG M #1

NORTH MIAMI BEACH FL 33179

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	PD	<input type="checkbox"/> Delete
NAME	PONCE, JUAN	
STREET ADDRESS	115 NE 202 TR, M1	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ADA PONCE	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HURLEY, FRAN	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
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	GEORGIA RUIZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	115 NE 202 TERR. - MB	
STREET ADDRESS	N. MIAMI BEACH, FL 33179	
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		

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

(305) 653-2664

Daytime Phone #

CR2E037 (9/99)