

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729034

1. Entity Name

ROYAL POINCIANA CONDOMINIUM, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90011 026 \*\*\*\*70.00

Principal Place of Business	Mailing Address
C/O AMERICAN F & H MANAGEMENT REALTY INC 2011 W. 62 ST. HIALEAH FL 33016	C/O AMERICAN F & H MANAGEMENT REALTY INC 2011 W. 62 ST. HIALEAH FL 33016-2657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1577347</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, HENRY 2011 WEST 62 ST. CORAL GABLES FL 33016		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO, OSCAR	NAME	
STREET ADDRESS	309 SOUTH ROYAL POINCIANA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	DT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYNAT, CRISTINA	NAME	
STREET ADDRESS	309 S. ROYAL POINCIANA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	DS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, FANNY	NAME	
STREET ADDRESS	309 S. ROYAL POINCIANA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE	DVP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPPI, JOSE	NAME	
STREET ADDRESS	309 S. ROYAL POINCIANA	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 affidavit, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 (305) 558-9820

Date

Daytime Phone #

CR2E037 (9/99)