

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90439 018 ****70.00

DOCUMENT # 729034

1. Entity Name

ROYAL POINCIANA CONDOMINIUM, INC.

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

2. Principal Place of Business

ROYAL POINCIANA CONDO.

3. Mailing Address

Suite, Apt. #, etc.

309 S. ROYAL POINCIANA

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL.

City & State

4. FEI Number

59-1577347

Applied For

Not Applicable

Zip

33166

Country

MIAMI DADE

Zip

Country

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIRALDO, OSCAR	
STREET ADDRESS	309 SOUTH ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AYNAT, CRISTINA	
STREET ADDRESS	309 S. ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GUTIERREZ, FANNY	
STREET ADDRESS	309 S. ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHIPPI, JOSE	
STREET ADDRESS	309 S. ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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		<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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE

REQUIRED

4/2/02

(305) 558-9820

CR2E037 (9/01)