

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738570

1. Entity Name

ROYAL PLAZA CONDOMINIUM ASSOCIATION OF FORT LAUD

Principal Place of Business

Mailing Address

2862 N.E. 32ND ST.
FT. LAUDERDALE FL 33306

2862 N.E. 32ND ST.
FT. LAUDERDALE FL 33306-3017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1821266

Applied For

Not Applicable

Zip

Country

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

GINGRAS, MARIO
2862 N.E. 32ND ST.
CONDO #12
FT. LAUDERDALE FL 33306

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 D ☐ Delete
NAME GINGRAS, MARIO
STREET ADDRESS 2862 NE 32ND ST #12
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HACKL, JOSEPH
STREET ADDRESS 2864 NE 32ND ST NO 1
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAVIOLETTE, JOHN
STREET ADDRESS 2862 N.E. 32ND ST. #9
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME POTHIER, PETER
STREET ADDRESS 2862 NE 32ND ST, #13
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME D ITEN, FRITZ
STREET ADDRESS 2864 NE 32ND ST. #7
CITY-ST-ZIP FT. LAUDERDALE, FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED (M. GINGRAS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

FEB 16/2000 954-566-0421
Date Daytime Phone #

CR2E037 (9/99)