## 2002 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2002 8:00 am § **DOCUMENT # N08351 Secretary of State** 1. Entity Name 03-29-2002 91417 037 \*\*\*\*61.25 FONTANA POINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address PROPERTY MANAGEMENT SERVICE PROPERTY MANAGEMENT SERVICE 8299 CORAL WAY 8299 CORAL WAY MIAMI FL 33155 MIAMI FL 33155 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2656212 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PROPERTY MANAGEMENT SERCICES CORP. 8299 CORAL WAY **MIAMI FL 33155** Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (9/01) TSD GOVEZ ENRIQUE 🔀 Delete TITLE ☐ Addition TITLE AGUILERA, ROLAND NAME NAME 8210 NW 1915T NUIT F STREET ADDRESS 8211 NW 191ST 3D STREET ADDRESS Migni To 330N CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Addition TITLE THOMAS DEVISE 8250 NW 1915 # 10-B Change . **DS** Delete TITLE BRYANT, KENNETH NAME NAME STREET ADDRES 8260 NW\_191\_ST\_ STREET ADDRESS =n:aw=-6-33015.\_\_ CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 VP PAEZ RALPH ☐ Addition Delete TITLE RALPH. PAEZ NAME NAME 8260 NW 191 ST STREET ADDRESS STREET ADDRESS 8260 NW 191 ST Mismi Fr 33015 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Delete TITLE ☐ Change Addition TITLE BRYANT, KENNETH NAME 8260 NW 1915T # 10-E STREET ADDRESS STREET ADDRESS Miami FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ASSOCIATION ASSOCIATION NAME 8210 NW 191 ST # 25-A STREET ADDRESS STREET ADDRESS Miani Fe 33 ON CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this fiftindicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with at

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP