

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90767 001 ***245.00

001/4085

DOCUMENT # N94000000085

1. Entity Name

POINT LAKE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**P. O. BOX 831235
 MIAMI FL 33283
 US**

**P. O. BOX 831235
 MIAMI FL 33283
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0458589

Applied For

Not Applicable

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

**TRIAI, CARLOS
 10570 NW 27TH ST
 SUITE 113
 MIAMI FL 33172**

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 | SD | <input type="checkbox"/> Delete |
| NAME | VILA, MARIA | |
| STREET ADDRESS | 15390 SW 76TH TRAIL | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, ANTONIO | |
| STREET ADDRESS | 15355 SW 76TH TR #102 | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MANUEL DE LA CRUZ | |
| STREET ADDRESS | 15385 SW 76TH TR #105 | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | SNOW, CHRISTOPHER | |
| STREET ADDRESS | 7655 SW 153RD #208 | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

(305) 382-6006

Date

Daytime Phone #

CR2E037 (9/01)