

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/01
 * 5/5.
 S/ * 5/5.
 * * 5/5.
 * *
 *

FILED
Aug 10, 2001 8:00 am
Secretary of State

05-05-2001 90418 001 ****12.25
 05-05-2001 90418 002 ****12.25
 05-05-2001 90418 003 ****12.25
 05-05-2001 90418 004 ****12.25
 05-05-2001 90418 005 ****12.25

DOCUMENT # N94000005486

1. Entity Name

POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 831235
 MIAMI FL 33623
 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

4. FEI Number

65-0525342

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

TRIAY, CARLOS
 999 PONCE DE LEON SUITE 1110
 CORAL GABLES FL 33134

Name: TRIAY, CARLOS
 Street Address (P.O. Box Number is Not Acceptable)

10570 NW 37 STREET SUITE 103

City MIAMI

FL

Zip Code 33172

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 reissuing)

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 NAME Delete
 PD FERNANDEZ, ANTONIO
 STREET ADDRESS 15355 SW 76TH TERR, #102
 CITY-ST-ZIP MIAMI FL 33193

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 VPD FERNANDEZ, ANTONIO
 STREET ADDRESS 15355 SW 76TH TR #102
 CITY-ST-ZIP MIAMI FL

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 TD DE LA CRUZ, MANUEL
 STREET ADDRESS 15385 SW 76TH TERR #105
 CITY-ST-ZIP MIAMI FL

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 SD VILA, MARIA
 STREET ADDRESS 15390 SW 76TH TERR, #102
 CITY-ST-ZIP MIAMI FL 33193

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 TD DE LA CRUZ, MANUEL
 STREET ADDRESS 15385 SW 76TH TERR, #105
 CITY-ST-ZIP MIAMI FL 33193

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 VPD GUTIERREZ ISAURA
 STREET ADDRESS 15355 SW 76TH TERR # 102
 CITY-ST-ZIP

TITLE NAME Change Addition
 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

8-23-01

(305) 302-6006

Date

Daytime Phone #

CR20037 (10/00)