

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000005744**

1. Entity Name

**POINCIANA WEST NO. 2 CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

2900 WEST 84TH STREET  
HIALEAH FL 33016

Mailing Address

2828 CORAL WAY  
STE 435  
MIAMI FL 33145

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

**65-0733096**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MIRO, JUAN**  
2828 CORAL WAY  
STE 435  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name  
**NESTOR RIVERA**

Street Address (P.O. Box Number is Not Acceptable)  
**2828 CORAL WAY SUITE # 435**

City  
**MIAMI**

FL

Zip Code  
**33145**

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

*Nestor Rivera* *Higueredo*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11-9-2000  
DATE

**FILE NOW: FEE IS \$61.25**  
After September 13, 2000 min. will be \$236.25

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 STREET ADDRESS CITY-ST-ZIP	DP MIRO, JUAN 2828 CORAL WAY STE 435 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REMIS, VERONICA 2828 CORAL WAY STE 435 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NESTOR RIVERA 2828 CORAL WAY SUITE 435 MIAMI, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIGUEL LOPEZ 2828 CORAL WAY SUITE 435 MIAMI, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NESTOR RIVERA 2828 CORAL WAY SUITE 435 MIAMI, FL. 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004533768-2 -08/14/01--01040--011 *****175.00 *****175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004533768-2 -08/14/01--01040--012 *****70.00 *****70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004533768-2 -08/14/01--01040--013 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Nestor Rivera*  
**REINSTATEMENT REQUIRED**

09-25-00

FILED  
01 JUL 30 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

CR2E037 (5/00)