

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90190 002 \*\*\*\*61.25

**DOCUMENT # N96000005745**

1. Entity Name

**POINCIANA WEST NO. 1 CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

Mailing Address

2925 W. 80 ST.  
 HIALEAH FL 33018

900 W. 49 ST.  
 STE. 220  
 HIALEAH FL 33012

2. Principal Place of Business

"SAME"

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0719958

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

**DELATORRE, CLEMENTE J**  
 900 W. 49 ST.  
 STE. 220  
 HIALEAH FL 33012

Name "SAME"

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

*C. J. Delatorre*

2/21/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	PD RAMIREZ, HUMBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80TH STREET, UNIT 216</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	
TITLE NAME	VD RUBIO, HECTOR	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80TH STREET, UNIT 101</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	
TITLE NAME	TD BELLO, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80TH STREET, UNIT 124</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	
TITLE NAME	SD ZAYAS, JUAN C	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80 STREET, UNIT 111</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	
TITLE NAME	DD HERNANDEZ, PEDRO	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80 STREET, UNIT 217</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	
TITLE NAME	DD HERNANDEZ, CARMEN	<input type="checkbox"/> Delete
STREET ADDRESS	<del>2925 W 80 STREET, UNIT 117</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33018</del>	

TITLE NAME	900 W. 49 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE NAME	900 W. 49 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE NAME	900 W. 49 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE NAME	900 W. 49 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE NAME	900 W. 49 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HIALEAH, FL 33012	
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:

*Humberto Ramirez*  
 HUMBERTO RAMIREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-01 (305)231-8576

Date

Daytime Phone #

CR2E037 (10/00)