

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004996**

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

501 E 24ST
202
HIALEAH FL 33-0132

Mailing Address

501 E 24ST
202
HIALEAH FL 33013-3953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Marta Portuondo **CORRECT:**
~~PORTUONDO, MARTHA~~ Marta Portuondo
501 E 24 ST 501 E 24th ST.
202 Apt. # 202
HIALEAH FL 33016 Hialeah, FL 33013

7. Name and Address of New Registered Agent

Name MARTA PORTUONDO
Street Address (P.O. Box Number is Not Acceptable)
501 E. 24th Street
APT. # 202
City HIALEAH FL Zip Code 33013

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.

Marta Portuondo
Marta Portuondo

Feb. 01/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, ANTONIO 7600 WEST 20TH AVENUE, SUITE 213 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DELGADO, RENAN 7600 WEST 20TH AVENUE, SUITE 213 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, RENAN 7600 WEST 20TH AVENUE, SUITE 213 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERDOMA, CONSUELO 7600 WEST 20TH AVENUE, SUITE 213 HIALEAH FL 33016	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAVIER CHAVEZ 501 E 24th St. Apt. 101 Hialeah, Florida 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Marta Portuondo 501 E. 24th St. Apt. 202 Hialeah, Florida 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUANA MARILYN LARA 501 E. 24th St. Apt. 203 Hialeah, Florida 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <u>Delete</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Javier Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Chavez President Feb. 01/2000

Date

Daytime Phone #

305-696-1564

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90039 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0812672

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required