

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N97000004996

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

501 E 24ST
 202
 HIALEAH FL 33-0132

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0812672

Applied For

Not Applied For

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD DELGADO, ANTONIO**
 STREET ADDRESS **7600 WEST 20TH AVENUE, SUITE 213**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME **PD JAVIER CHAVEZ**
 STREET ADDRESS **501 E 24th St. Apt. 101**
 CITY-ST-ZIP **Hialeah, Florida 33013**

TITLE Delete
 NAME **VPST DELGADO, RENAN**
 STREET ADDRESS **7600 WEST 20TH AVENUE, SUITE 213**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME **VPST Marta Portuondo**
 STREET ADDRESS **501 E. 24th St. Apt. 202**
 CITY-ST-ZIP **Hialeah, Florida 33013**

TITLE Delete
 NAME **D DELGADO, RENAN**
 STREET ADDRESS **7600 WEST 20TH AVENUE, SUITE 213**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME **D JUANA MARILYN LARA**
 STREET ADDRESS **501 E. 24th St. Apt. 203**
 CITY-ST-ZIP **Hialeah, Florida 33013**

TITLE Delete
 NAME **D PERDOMA, CONSUELO**
 STREET ADDRESS **7600 WEST 20TH AVENUE, SUITE 213**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME **N/A** Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Javier Chavez
SIGNATURE REQUIRED

Chavez President Feb. 01/2000

Date

Daytime Phone #

305-696-1564