

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004996**

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90296 043 ****61.25

Principal Place of Business

501 E 24ST
202
HIALEAH FL 33-0132

Mailing Address

501 E 24ST
202
HIALEAH FL 33-0132

00013200



DO NOT WRITE IN THIS SPACE

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

65-0812672

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

NOT CORRECT
~~PORTUNFDO, MARTHA~~
501 E. 24TH ST
APT. 202
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 Javier Chavez, President.

Jan. 23, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CHAVEZ, JAVIER 501 E 24TH ST, #101 HIALEAH FL 33013	<input type="checkbox"/>		<input type="checkbox"/>
VPST PORTUONDO, MARTA 501 E 24TH ST., #202 HIALEAH FL 33013	<input type="checkbox"/>		<input type="checkbox"/>
D LARA, JUANA MARILYN 501 E 24TH ST, #203 HIALEAH FL 33013	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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**

Jan 23/2001.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)