

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004996**

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.**FILED****Mar 18, 2002 8:00 am**
Secretary of State

03-18-2002 90016 034 ****61.25

Principal Place of Business

Mailing Address

501 E 24ST
202
HIALEAH FL 33-0132**501 E 24ST**
202
HIALEAH FL 33-0132

2. Principal Place of Business

3. Mailing Address

501 E. 24 Street**501 E. 24th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. # 101**Apt. # 101**

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

65-0812672

Applied For

Not Applicable

Zip

33013

Country

US

Zip

33013

Country

US5. 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

PORTUNFDO, MARTHA
501 E. 24TH ST
APT. 202
HIALEAH FL 33013

Name

Javier Chavez

Street Address (P.O. Box Number is Not Acceptable)

501 E. 24 Street**Apt. 101**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar. 02/2002**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 **PD** ☐ Delete
NAME **CHAVEZ, JAVIER**
STREET ADDRESS **501 E 24TH ST, #101**
CITY-ST-ZIP **HIALEAH FL 33013**TITLE **PD (Same)** ☐ Change ☐ Addition
NAME **Javier Chavez**
STREET ADDRESS **501 E. 24 St. Apt. #101**
CITY-ST-ZIP **Hialeah, Florida 33013**TITLE **VPST** ☒ Delete
NAME **PORTUONDO, MARTA**
STREET ADDRESS **501 E 24TH ST., #202**
CITY-ST-ZIP **HIALEAH FL 33013**TITLE **VPST** ☒ Change ☐ Addition
NAME **Juana Marilyn Lara**
STREET ADDRESS **501 E. 24 St. Apt. 203**
CITY-ST-ZIP **Hialeah, Florida 33013**TITLE **D** ☒ Delete
NAME **LARA, JUANA MARILYN**
STREET ADDRESS **501 E 24TH ST, #203**
CITY-ST-ZIP **HIALEAH FL 33013**TITLE **D** ☒ Change ☐ Addition
NAME **Maricel Puentes**
STREET ADDRESS **501 E. 24 St. Apt. 204**
CITY-ST-ZIP **Hialeah, Florida 33013**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED**Mar. 02/2002**

Date

Daytime Phone #

CR2E037 (9/01)

ATTACH DOC# N97000004996

338117

Hialeah, January 16/2002

To: CROWNGATE POINTE VILLAS CONDOMINIUMS
501 E. 24th Street
Hialeah, Florida 33012

Att: JAVIER CHAVEZ
President.

I, Marta Portuondo, Certified that as of today,
January 16, 2002, I will NO LONGER be Vice-President
of Association of CROWNGATE POINTE VILLAS CONDOMINIUMS.

Sincerely,


Marta Portuondo