

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

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

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 33-0132
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2. Principal Place of Business 501 E. 24 Street	3. Mailing Address 501 E. 24th Street
Suite, Apt. #, etc. Apt. # 101	Suite, Apt. #, etc. Apt. # 101

City & State Hialeah, Florida	City & State Hialeah, Florida	4. FEI Number 65-0812672	Applied For <input type="checkbox"/> Not Applicable
Zip 33013	Country US	Zip 33013	Country US


5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PORTUNFDO, MARTHA
 501 E. 24TH ST
 APT. 202
 HIALEAH FL 33013**

7. Name and Address of New Registered Agent
 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  DATE **Mar. 02/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete
NAME CHAVEZ, JAVIER	
STREET ADDRESS 501 E 24TH ST, #101	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE VPST	<input checked="" type="checkbox"/> Delete
NAME PORTUONDO, MARTA	
STREET ADDRESS 501 E 24TH ST., #202	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LARA, JUANA MARILYN	
STREET ADDRESS 501 E 24TH ST, #203	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD (Same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Javier Chavez	
STREET ADDRESS 501 E. 24 St. Apt. #101	
CITY-ST-ZIP Hialeah, Florida 33013	
TITLE VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Juana Marilyn Lara	
STREET ADDRESS 501 E. 24 St. Apt. 203	
CITY-ST-ZIP Hialeah, Florida 33013	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maricel Puentes	
STREET ADDRESS 501 E. 24 St. Apt. 204	
CITY-ST-ZIP Hialeah, Florida 33013	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **Mar. 02/2002**

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