

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90460 035 ****61.25

DOCUMENT # N97000004996

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

501 E 24ST
101
HIALEAH FL 33013
US

Mailing Address

501 E 24ST
101
HIALEAH FL 33013
US

2. Principal Place of Business

3. Mailing Address

501 E. 24 ST

501 E. 24 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

HIALEAH, FL.

HIALEAH, FL

Zip

Country

Zip

Country

33013

US

33013

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, JAVIER
501 E. 24TH ST
101
HIALEAH FL 33013

Name PEREZ ABDULIA I.

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

501 E. 24 ST. # 202

City

HIALEAH, FL.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Abdulia I. Perez PD.

2-2-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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	LARA, JUANA M	
STREET ADDRESS	501 E. 24TH ST., APT. 203	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUENTES, MARICEL	
STREET ADDRESS	501 E. 24TH ST., APT. 204	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ ABDULIA I.	
STREET ADDRESS	501 E. 24 ST. #202	
CITY-ST-ZIP	HIALEAH, FL. 33013	
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUENTES MARICEL	
STREET ADDRESS	501 E. 24 ST. #204	
CITY-ST-ZIP	HIALEAH, FL. 33013	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAGERA HUGO	
STREET ADDRESS	501 E. 24 ST. #201	
CITY-ST-ZIP	HIALEAH, FL. 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		
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:

Abdulia I. Perez PD.

2-27-03 (305)691-8052

CR2E037 (10/02)