

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


FILED
Feb 26, 2003 8:00 am
Secretary of State

1/

01-23-2003 90203 045 ****61.25

DOCUMENT # N98000001994

1. Entity Name
ROYAL POINCIANA INDUSTRIAL PARK CONDOMINIUM NO. 1, ASSOCIATION INC.



Principal Place of Business: **8500-30 NW 61 STREET MIAMI FL 33166**

Mailing Address: **8600 NW 36 STREET SUITE 101 MIAMI FL 33166**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. **101**

3. Mailing Address: **3155 NW 82 Avenue**

City & State: **Miami FL**

Zip: **33122** Country: **USA**

4. FEI Number: **65-0835946**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

THE DORAN JASON GROUP OF FLORIDA
8600 NW 36TH STREET
SUITE 101
MIAMI FL 33168

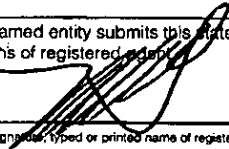
7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **3155 NW 82 Avenue**

City: **Miami** State: **FL** Zip Code: **33122**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **Jan-10/2003**

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

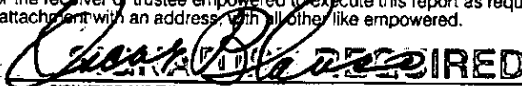
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BLANCO, OSCAR	8500 NW 61 STREET	MIAMI FL 33168	<input checked="" type="checkbox"/>
VPD	MEDINA, DIEGO	8900 SW 117 AVE #B104	MIAMI FL 33168	<input checked="" type="checkbox"/>
TD	FUENTES, GUSTAVO	8518 NW 61 ST #104	MIAMI FL 33166	<input checked="" type="checkbox"/>
S	DIAZ, ROSA	8518 NW 61 STREET	MIAMI FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: **Jan 10/2003** DAYTIME PHONE #: **305/5927006**

CR2E037 (10/02)