

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002248

Name

STONE POINT CONDOMINIUM ASSOCIATION INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90042 045 ****61.25

Place of Business

Mailing Address

AVENUE

600 PALM AVENUE

A

SUITE A

FL 33010

HIALEAH FL 33010-4354

948128



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Country

Zip

Country

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

ARTE, FELIX

SOUTH BISCAYNE BLVD., 20TH FLOOR

MI FL 33131

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS - ZIP	D MACHADO, LUIS 600 PALM AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS - ZIP	D MACHADO, CEFERINO 600 PALM AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS - ZIP	D MACHIN, JUAN 600 PALM AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

(305) 817-2500

Daytime Phone #

CR2E037 (9/99)