

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 725720

1. Entity Name
BEMAR PATIO CONDOMINIUM ASSOCIATION INC



Principal Place of Business
**1100 WEST 35TH STREET
HIALEAH, FL 33012**

Mailing Address
**1100 WEST 35TH STREET
HIALEAH, FL 33012**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070941

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABEZAS, JORGE
1100 W. 35 ST APT 24
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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 **JORGE CABEZAS**
Signature, typed or printed name of registered agent and title if applicable

Jorge Cabezas
(NOTE: Registered Agent signature required when reinstating)

1/07/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000778165

01/10/08 80036-022 \$1.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CABEZAS, JORGE
1100 W 35TH STREET APT. 24
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOTO, ESTHER M
1100 W 35TH STREET APT. 20
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CERVANTES, ANA D
1100 W 35TH STREET APT. 2
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIEZ, MARGOT
1100 W 35 ST 31
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERRERA, MARGARITA
1100 W. 35TH STREET APT. 21
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LASSO, GEORGIANA
1100 NW 35 ST., #26
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JORGE CABEZAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/08 3052136640
Date Daytime Phone #