

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770225

1. Entity Name

1710-11 WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90043 019 ****61.25

Principal Place of Business

**1711 W. 40TH STREET #2
 HIALEAH FL 33012**

Mailing Address

**1711 W. 40TH STREET #2
 HIALEAH FL 33012-7048**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2375375

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FEBRES-CORDERO, JULIO
 1711 W. 40TH STREET #2
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEES 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** Delete
 NAME **SANCHEZ, JOSE S.**
 STREET ADDRESS **8791 S.W. 85TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** Delete
 NAME **CABRERA, ROGER A.**
 STREET ADDRESS **328 E. 64TH STREET**
 CITY-ST-ZIP **HIALEAH FL**

TITLE **STD** Delete
 NAME **FEBRES-CORDERO, JULIO**
 STREET ADDRESS **1711 W. 40TH STREET #2**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO FEBRES-CORDERO
 Secretary 1-06-00

Date

Daytime Phone #

CR2F037 (9/99)