

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90094 008 \*\*\*\*61.25

**DOCUMENT # 770225**

1. Entity Name

1710-11 WAREHOUSE CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

1711 W. 40TH STREET #2  
 HIALEAH FL 33012

Mailing Address

1711 W. 40TH STREET #2  
 HIALEAH FL 33012

2. Principal Place of Business

1711 W 40 ST # 3

3. Mailing Address

1711 W 40 ST # 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

4. FEI Number

59-2375375

Applied For

Not Applicable

Zip

Same

Country

Same

Zip

Same

Country

Same

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

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

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:**  
**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOSE S. D	
STREET ADDRESS	8791 S.W. 85TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CABRERA, ROGER A. D	
STREET ADDRESS	328 E. 64TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FEBRES-CORDERO, JULIO D	
STREET ADDRESS	1711 W. 40TH STREET #2	
CITY-ST-ZIP	HIALEAH FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTALLED	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 CAPTIONED TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julio Cordero*  
 JULIO CORDERO  
 Date: 2/10/01  
 Daytime Phone #: 305 825 9010