

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 015 ****61.25

DOCUMENT # N02000005645

1. Entity Name
**BENT TREE COMMERCIAL PARK II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**13926 S W 47 STREET
MIAMI, FL 33175**

Mailing Address
**13926 S W 47 STREET
MIAMI, FL 33175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
52-2369372

Applied For
Not Applicable

Zip

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

**CONTESSA, PAUL
15321 SOUTH DIXIE HWY
STE 207
MIAMI, FL 33157**

Name

JOE E SORDIA

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

13000 SW 133 ST

City

MIAMI

FL

Zip Code
33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD
NAME MATTIA, ANTONIO
STREET ADDRESS 13926 S W 47 ST
CITY-ST-ZIP MIAMI, FL 33175 ☐ Delete

TITLE VD
NAME SAN JUAN, ARACELYS
STREET ADDRESS 13970 S W 47 ST
CITY-ST-ZIP MIAMI, FL 33175 ☐ Delete

TITLE STD
NAME ALVAREZ, RAY
STREET ADDRESS 13926 S W 47 ST
CITY-ST-ZIP MIAMI, FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Antonio Mattia

Date

Daytime Phone

4/4/05

305/259-6202