

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

Jul 15, 2005 8:00 A.M.
Secretary of State

DOCUMENT # N02000009876

1. Entity Name
UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**830 SW 129 PL
MIAMI, FL 33184**

Mailing Address
**830 SW 129 PL
MIAMI, FL 33184**



07012005 Chg-NP CR2E037 (10/03)

4. FEI Number
57-1150559

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MJB MANAGEMENT SERVICES, INC
19501 NE 10 AVE #300
MIAMI, FL 33179**

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. 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

Amended AR is \$61.25

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	DS	<input checked="" type="checkbox"/> Delete
NAME	ZALDIVAR, FIDEL	
STREET ADDRESS	830 SW 129 PL	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEE, ALBERTO	
STREET ADDRESS	8705 W. 129 PL	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANEZ, NATASHA	
STREET ADDRESS	830 SW 129 PL	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER ALVAREZ	
STREET ADDRESS	870 SW 129 PL # 207	
CITY-ST-ZIP	MIAMI, FL 33184	
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		

800057666728
07/19/05--01046--018 **61.25

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

7/4/05 305-665-1526

T. ROBERTS III