

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 16, 2000 8:00 am  
Secretary of State

04-07-2000 90006 050 \*\*\*\*61.25

DOCUMENT # N95000005449

1. Entity Name

MIAMI AIR/WEST TRADE CENTER CONDOMINIUM ASSOCIATION

Principal Place of Business

7212 NW 56 ST  
MIAMI FL 33166

Mailing Address

C/O PROPERTY MANAGEMENT SVCS CORP  
8299 CORAL WAY  
MIAMI FL 33155-1228

C/O CORBO-RODRIGUEZ & ASSOC.

2. Principal Place of Business

7344 NW 56 STREET

3. Mailing Address

1985 NW 88<sup>th</sup> COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0630631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROPERTY MGMT SERVICES CORP  
8299 CORAL WAY  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

CORBO-RODRIGUEZ & ASSOCIATES - CPAS, PA.

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

1985 NW 88<sup>th</sup> CT.

Suite, Apt. #, etc.

SUITE 201

City

MIAMI

FL

Zip Code

33172

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

*Car Corbo-Rodriguez*

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

(NOTE: Registered Agent signature required when reinstating)

3/28/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPANGENBERG, JENS	
STREET ADDRESS	5518 NW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOLER, ANA	
STREET ADDRESS	7212 NW 56 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, GONZALO	
STREET ADDRESS	7214 NW 56 ST	
CITY-ST-ZIP	MIAMI FL 33166	
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		

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIS CAPUTO	
STREET ADDRESS	5575 NW 74 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO ZARATE	
STREET ADDRESS	7344 NW 56 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO CALDERIN	
STREET ADDRESS	5561 NW 74 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #