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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725720

1. Corporation Name

BEMAR PATIO CONDOMINIUM ASSOCIATION INC

Principal Place of Business

1100 WEST 35TH STREET
HIALEAH FL 33012

Mailing Address

1100 WEST 35TH STREET
HIALEAH FL 33012

160991-90073-28



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/06/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2070941

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Error
CERVANTES, ANA D.
1100 WEST 35TH STREET #2
HIALEAH FL 33012

Esther Cabergas
1100 W 35th St
#20, Hialeah, FL
33012

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME RODRIGUEZ, WILFREDO
STREET ADDRESS 1100 W 35TH STREET, #11
CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DONATILA, RUIZ
STREET ADDRESS 1100 W 35TH STREET #15
CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LOPEZ, OLGA
STREET ADDRESS 1100 W 35TH STREET, #26
CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DIEZ, JUAN
STREET ADDRESS 1100 W 35TH STREET, #31
CITY-ST-ZIP HIALEAH FL 33012

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PEREZ, ROSARIO
STREET ADDRESS 1100 WEST 35TH STREET
CITY-ST-ZIP HIALEAH FL 33012

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Esther Cabergas
NAME 1100 W 35th St #20
STREET ADDRESS Hialeah, FL 33012
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)