

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764856

1. Entity Name

MILAM WAREHOUSE CONDOMINIUM NO. 12, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90041 039 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
6904 N.W. 51 STREET      6904 N.W. 51 STREET  
MIAMI FL 33166      MIAMI FL 33166-5626

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779026

Applied For

Not Applicable

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

HELLMAN, ESQUIRE, MAYNARD J  
1100 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

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      ☐ Delete  
NAME      ARRIAGA, JULIO  
STREET ADDRESS      241 SEVILLA AVENUE STE 805  
CITY-ST-ZIP      CORAL GABLES FL 33166

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

TITLE      SD      ☐ Delete  
NAME      MARTINEZ, ANTONIO  
STREET ADDRESS      6900 N.W. 51 STREET  
CITY-ST-ZIP      MIAMI FL 33166

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

TITLE      D      ☐ Delete  
NAME      HELLMAN, MAYNARD J  
STREET ADDRESS      1100 PONCE DE LEON BLVD  
CITY-ST-ZIP      CORAL GABLES FL 33134

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

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE      ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Antonio Martinez*  
ANTONIO MARTINEZ

04-20-2000 (305) 5946522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)