

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01246

1. Entity Name

**SOUTH MIAMI BUSINESS CENTER SEC. ONE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4651 - 4699 SW 72 AVE.  
7175 SW 47 STREET. UNITS 201-210  
MIAMI FL 33155  
US

C/O MADDUX AND COMPANY  
P.O. BOX 557113  
MIAMI FL 33255-7113

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

59-2503801

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

WESTON, J. SCOTT  
C/O MADDUX AND COMPANY  
4651 - 4699 SW 72 AVE  
MIAMI FL 33155

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	<input type="checkbox"/> Delete
NAME	HERTZ, AARON	
STREET ADDRESS	7175 SW 47 ST #210	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AGUILERA, HENRY	
STREET ADDRESS	4661 SW 72 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LARSON, RAY	
STREET ADDRESS	4689 SW 72 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERTZ, AARON	
STREET ADDRESS	7175 SW 47 ST. #210	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAHIMNEJAD, MYRA	
STREET ADDRESS	7105 SW 47 ST #402	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 677, 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

Date

Daytime Phone #

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90011 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)