

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91014 018 ****61.25

DOCUMENT # N01246

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

01001010



DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP

CR2E037 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERTZ, AARON
STREET ADDRESS	7175 SW 47 ST #210
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VPD
NAME	AGUILERA, HENRY Young, Tom
STREET ADDRESS	4661 SW 72 AVENUE PO BOX 561145
CITY-ST-ZIP	MIAMI, FL 33155 33256
TITLE	TD
NAME	LARSON, RAY
STREET ADDRESS	4689 SW 72 AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	RAHIMNEJAD, MYRA
STREET ADDRESS	7105 SW 47 ST #402
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

4-27-04