

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711561

1. Entity Name

626 CONDOMINIUM INCORPORATED



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

626 MERIDIAN AVE

Suite, Apt. #, etc.

3. Mailing Address

c/o CAM Management Services

Suite, Apt. #, etc.

P.O. Box 5103

City & State

MIAMI BEACH, FL.

City & State

Hialeah, FL.

Zip

33139

Country

USA

Zip

33014-1103

Country

USA

4. FEI Number

59-2040322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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04/15/03--01016--008 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Anita Gonzalez

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

CAM Management Services

1800 W 49 St. #330

City

Hialeah

FL

Zip Code

33012

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

Anita Gonzalez

03/11/03

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Ruben Molina  
P.O. Box 1437  
Miami Beach, FL. 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S/D  
Oneyda Molina  
P.O. Box 1437  
Miami Beach, FL. 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Rodolfo Dacomo  
626 Meridian Ave. #10  
Miami Beach, FL. 33139

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Oneyda Molina

Oneyda Molina 03/11/03

(305) 826-9191

CR2E037B (12/02)