# 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 750138** 

Entity Name: BRICKELL BISCAYNE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 04, 2024
Secretary of State
7724338226CC

### **Current Principal Place of Business:**

150 SE 25TH ROAD MANAGEMENT OFFICE MIAMI, FL 33129

## **Current Mailing Address:**

150 SE 25TH ROAD MANAGEMENT OFFICE MIAMI, FL 33129 US

FEI Number: 59-2068931 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA 2525 PONCE DE LEON BLVD SUITE 825 CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** Name METTLER, TOMAS Name ECHARTE, CAROLINA 9600 NW 25 ST. #4D 9600 NW 25 ST. #4D Address Address City-State-Zip: DORAL FL 33172 City-State-Zip: DORAL FL 33172

Title VΡ Title **DIRECTOR** Name PENA, RAMON A Name OCHOA, ANDREINA 9600 NW 25 ST. #4D Address 9600 NW 25 ST. #4D Address City-State-Zip: DORAL FL 33172 City-State-Zip: **DORAL FL 33172** 

Title **SECRETARY** Title DIRECTOR ABELLO, BEATRIZ Name Name HASSOUNA, AHMED Address 9600 NW 25 ST. #4D Address 9600 NW 25 ST. #4D City-State-Zip: **DORAL FL 33172** City-State-Zip: DORAL FL 33172

Title DIRECTOR

Name ROCHA, BEATRIZ
Address 9600 NW 25 ST. #4D
City-State-Zip: DORAL FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINA ECHARTE PRESIDENT

04/04/2024