

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762961

Entity Name: COMMERCIAL CENTER OF MIAMI #1 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6043-6065 N.W. 167 STREET
MIAMI LAKES, FL 33015**Current Mailing Address:**C/O CAM MANAGEMENT SERVICES
P.O. BOX 5103
HIALEAH, FL 33014 US**FEI Number: 65-0279579****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAM MANAGEMENT SERVICES, CORP.
6065 N.W. 167TH ST.
UNIT B19
MIAMI LAKES, FL 33015 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	PRESIDENT
Name	ALFANDARY, DAVID
Address	C/O CAM MANAGEMENT SERVICES P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	TREASURER
Name	MORERA, JUAN A
Address	C/O CAM MANAGEMENT SERVICES P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	ALTERNATE
Name	DIMITRI, BENEDETTO
Address	C/O CAM MANAGEMENT SERVICES P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	SECRETARY
Name	KANAR, RORAIMA A
Address	C/O CAM MANAGEMENT SERVICES P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	VP
Name	DIMITRI, RAQUEL
Address	P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014-1103

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: DAVID ALFANDARY**PRESIDENT****01/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date