

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01246

**Entity Name:** SOUTH MIAMI BUSINESS CENTER SEC. ONE  
CONDOMINIUMASSOCIATION, INC.

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC4493212172**

**Current Principal Place of Business:**

4699 SW 72 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

7250 SW 39 TERRACE  
MIAMI, FL 33155 US

**FEI Number: 59-2503801**

**Certificate of Status Desired: No**

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

WESTON, JOHN S  
7250 SW 39 TERRACE  
MIAMI, FL 33155 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 PD  
Name GABEL, JOSEPH  
Address 7175 SW 47 ST UNIT 103  
City-State-Zip: MIAMI FL 33155

Title VPD  
Name COBAZ, JUAN  
Address 7175 SW 47ST UNIT 110  
City-State-Zip: MIAMI FL 33256

Title SD  
Name RAHIMNEJAD, MYRA  
Address 7105 SW 47 ST #402  
City-State-Zip: MIAMI FL 33155

Title TR  
Name TORMO, DANIEL  
Address 7175 SW 47 ST UNIT 104  
City-State-Zip: MIAMI FL 33155

*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: GABEL JOSEPH**

**PRESIDENT**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date