2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0800001744

Entity Name: MET 1 CONDOMINIUM ASSOCIATION, INC.

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

300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE MIAMI, FL 33131

## **Current Mailing Address:**

300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE C-4 MIAMI, FL 33131 US

## FEI Number: 26-2064717

## Name and Address of Current Registered Agent:

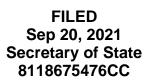
SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US

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	E: HELIO DE LA TORRE		09/20/2021
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	LEDEZMA, ALEXANDRIA	Name	ARMENIO, MICHELE
Address	300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE	Address	300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	SECRETARY	Title	TREASURER
Name	TREIN, ALBIN RICHARD	Name	CARVALLO, LEONARDO
Address	300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE	Address	300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	DIRECTOR		
Name	REYES, JESSICA		
Address	300 SOUTH BISCAYNE BOULEVARD C/O MANAGEMENT OFFICE		
City-State-Zip:	MIAMI FL 33131		

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: ALEXANDRIA LEDEZMA



Certificate of Status Desired: No

09/20/2021

Date