

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08000001744

**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

**Certificate of Status Desired:** No

**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:** HELIO DE LA TORRE

09/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEDEZMA, ALEXANDRIA  
Address        300 SOUTH BISCAYNE BOULEVARD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            ARMENIO, MICHELE  
Address        300 SOUTH BISCAYNE BOULEVARD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            TREIN, ALBIN RICHARD  
Address        300 SOUTH BISCAYNE BOULEVARD  
                  C/O MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            CARVALLO, LEONARDO  
Address        300 SOUTH BISCAYNE BOULEVARD  
                  C/O MANAGEMENT OFFICE  
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

PRESIDENT

09/20/2021

Electronic Signature of Signing Officer/Director Detail

Date