

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005449

Entity Name: MIAMI AIR/WEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 21, 2023
Secretary of State
5102650377CC**Current Principal Place of Business:**UNLIMITED PROPERTY MANAGEMENT, LLC
7665 NW 50 STREET
MIAMI, FL 33166**Current Mailing Address:**UNLIMITED PROPERTY MANAGEMENT, LLC
7665 NW 50 STREET
MIAMI, FL 33166 US**FEI Number: 65-0630631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNLIMITED PROPERTY MANAGEMENT, LLC
7665 NW 50 ST
MIAMI, FL 33166 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	CASTRO , LUCY
Address	7665 NW 50 STREET
City-State-Zip:	MIAMI FL 33166

Title	VP
Name	FORIN, EDSON
Address	7665 NW 50 STREET
City-State-Zip:	MIAMI FL 33166

Title	DIRECTOR
Name	REYES, ALEXANDER
Address	7665 NW 50 STREET
City-State-Zip:	MIAMI FL 33166

Title	DIRECTOR
Name	CHAPETON, GUILLERMO
Address	7665 NW 50TH STREET
City-State-Zip:	MIAMI FL 33166

Title	SECRETARY
Name	VALENCIA, ALEJANDRO
Address	7665 NW 50TH STREET
City-State-Zip:	MIAMI FL 33166

Title	DIRECTOR
Name	SOUTO, ROBERTO
Address	7665 NW 50TH STREET
City-State-Zip:	MIAMI FL 33166

Title	TREASURER
Name	GONZALEZ, ROBERTO
Address	7665 NW 50TH ST
City-State-Zip:	MIAMI FL 33130

Title	DIRECTOR
Name	LEYVA, GUILLERMO
Address	7665 NW 50TH STREET
City-State-Zip:	MIAMI FL 33166

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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: CASTRO, LUCY**PRESIDENT****03/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DONA , GERARDO
Address	7665 NW 50TH STREET
City-State-Zip:	MIAMI FL 33166