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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749556

1. Corporation Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 0204
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 0204
MIAMI FL 33131



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
10/30/1979

4. FEI Number
59-2596238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SAME AGENT NEW ADDRESS + COMPANY
MAXINE LOPEZ, RPA F
610 JOHN ALDEN LIFE INS
7300 CORPORATE CENTER DRIVE
MIAMI FL 33626
SWIRE Properties @
Tequesta Point
808 Brickell Key Dr.
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FVPD
SCOTT, JOHN K
THE HOGAN GROUP 5200 BLUE LAGOON DR. #400
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOODRICH, JACK L RPA
9130 S DADELANDE BLVD, #100
MIAMI FL 33156

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOPEZ, MAXINE
7300 CORPORATE CENTER DR. #200
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GREENE, MURRAY
100 SE 2ND ST.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DIAZ, LORETTA
2 SO BISCAYNE BLVD 1870
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CONTRERAS, MARIA E
801 BRICKELL AVE., #1870
MIAMI FL 33131

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)