

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749556

FILED
Feb 03, 2009
Secretary of State

Entity Name: BUILDING OWNERS AND MANAGERS ASSOCIATION MIAMI - DADE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2596238 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEREZ, MERCY
8140 SW 132 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: IPPD () Delete
Name: DIAZ, MARLENE
Address: 5805 BLUE LAGOON DRIVE #440
City-St-Zip: MIAMI, FL 33126 US

Title: PD () Delete
Name: PEREZ, MERCY
Address: 8140 SW 132 STREET
City-St-Zip: MIAMI, FL 33156 US

Title: TD () Delete
Name: DIAZ, MARLENE
Address: 800 CORPORATE DR., #700
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: FVPD () Delete
Name: PORTA, PHILIP
Address: 2 SOUTH BISCAYNE BLVD., #1470
City-St-Zip: MIAMI, FL 33131 US

Title: VPD () Delete
Name: RIBERO, LILIANA
Address: 20803 BISCAYNE BLVD., #200
City-St-Zip: AVENTURA, FL 33180 US

Title: SD () Delete
Name: VINCENT, CROCE
Address: 100 SE 2 STREET, #1900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MERCY PEREZ

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date