

## DOCUMENT # 757110

1. Entity Name

TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14055 SOUTHWEST 142ND AVE., UNIT 16  
MIAMI FL 33186-6739

Mailing Address

14055 SOUTHWEST 142ND AVE UNIT 40  
MIAMI FL 33186-6739

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2106285

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, GLEN E.  
7357 WEST FLAGLER STREET  
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD PRESIDENT       | <input type="checkbox"/> Delete |
| NAME           | CARANGI, LEON T JR |                                 |
| STREET ADDRESS | 10861 SW 108TH ST  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176     |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | VD VICE PRESIDENT       | <input type="checkbox"/> Delete |
| NAME           | GARCIA, DAVID           |                                 |
| STREET ADDRESS | 10814 SW 88 ST UNIT R-1 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176          |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | SD SECRETARY           | <input type="checkbox"/> Delete |
| NAME           | MAYHEW, PAUL           |                                 |
| STREET ADDRESS | 1237 RAVEN AVE         |                                 |
| CITY-ST-ZIP    | MIAMI SPRINGS FL 33166 |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | TD Treasurer     | <input type="checkbox"/> Delete |
| NAME           | THOMPSON, PAUL A |                                 |
| STREET ADDRESS | 1550 SW 57TH ST  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33193   |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D Director       | <input type="checkbox"/> Delete |
| NAME           | LEE, ROBERT W    |                                 |
| STREET ADDRESS | 13360 SW 99 TERR |                                 |
| CITY-ST-ZIP    | MIAMI FL 33186   |                                 |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D Director        | <input type="checkbox"/> Delete |
| NAME           | ELALOUF, VICTOR   |                                 |
| STREET ADDRESS | 15560 SW 111 TERR |                                 |
| CITY-ST-ZIP    | MIAMI FL 33196    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | SECRETARY                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Christina Aguerrevere    |  |
| STREET ADDRESS | 10010 Hammocks Blvd      |  |
| CITY-ST-ZIP    | Apt #205 Miami, FL 33196 |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 report or supplemental 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 10 or Block 11 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 #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

01-14-2000 90012 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)