

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 765872

1. Entity Name
9500 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9500 NW 77 AVE., WHSE. #1
HIALEAH GARDENS, FL 33016 US

Mailing Address
9500 NW 77 AVE., WHSE. #1
HIALEAH GARDENS, FL 33016 US

FILED
Apr 25, 2007 08:00 AM
Secretary of State



04192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2263266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERFIX, LUIS
C/O UNESCO
9500 NW 77TH AVE., WHSE. #1
HIALEAH GARDEN, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
SEREIX, LUIS
4205 SW 151 TERRACE
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MORELL, MIGUEL
3085 W 80TH STREET
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000731222
05/06/07-80113-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

04/23/07

305 822 5781