

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 044 ****61.25

DOCUMENT # N00000000257

1. Entity Name
MILAM TRADE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4301 SW 8 STREET
MIAMI, FL 33134**

Mailing Address
**4301 SW 8 STREET
MIAMI, FL 33134**

50033457



2. Principal Place of Business

7301-7321 NW 44 ST

3. Mailing Address

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

Miami, FL

City & State

4. FEI Number
74-3009234

Applied For
Not Applicable

Zip
33146

Country

MIAMI-DADL

Zip

Country

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

6. Name and Address of Current Registered Agent

**CPM CORP
170 OCEAN LANE DR.
KEY BISCAYNE, FL 33149**

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. 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **REINALDO, PEREZ**
STREET ADDRESS **170 OCEAN LANE DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **DVP** ☒ Delete
NAME **VELAZLO, GEORGE**
STREET ADDRESS **170 OCEAN LANE DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **DT** ☒ Delete
NAME **LEVIANO, JEAN PAUL**
STREET ADDRESS **170 OCEAN LANE DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **DS** ☐ Delete
NAME **ROMERO, RELIPE**
STREET ADDRESS **170 OCEAN LANE DR.**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Jorge L. Rodriguez**
STREET ADDRESS **7317 NW 44 ST.**
CITY-ST-ZIP **MIAMI, FL 33146**

TITLE **SD** ☐ Change ☒ Addition
NAME **ELBA VALDEZ**
STREET ADDRESS **7301 NW 44 ST.**
CITY-ST-ZIP **MIAMI, FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

Date

Daytime Phone #

305-361-1262