

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 049 ****61.25

DOCUMENT # N03000002196

1. Entity Name
LAS TERRAZAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2145 NW 19 TERRACE
MIAMI, FL 33125**

Mailing Address
**2145 NW 19 TERRACE
MIAMI, FL 33125**

44050625



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

55-0824354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS
100 WEST CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309**

Name

RONALD CHIRINO

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

2145 N.W. 19 TERRACE #102

City

MIAMI

FL

Zip Code

33125

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

R. Chirino

RONALD CHIRINO

7/20/2004

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 September 8, 2004**

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 **NAZIRI, CYRUS**
STREET ADDRESS **2145 NW 19 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DV** ☒ Delete
NAME **AGUILAR, MARCO**
STREET ADDRESS **2145 NW 19 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DS** ☒ Delete
NAME **ANGULO, VICTOR**
STREET ADDRESS **2145 NW 19 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☐ Change ☒ Addition
NAME **RONALD CHIRINO**
STREET ADDRESS **2145 N.W. 19 TERRACE #102**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DV** ☐ Change ☒ Addition
NAME **MARCOS E. SILVA**
STREET ADDRESS **2145 N.W. 19 TERRACE #103**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DS** ☐ Change ☒ Addition
NAME **MARGARITA CORDERO**
STREET ADDRESS **2145 N.W. 19 TERRACE #215**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Change ☐ Addition
NAME
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)(j), 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:

R. Chirino

RONALD CHIRINO - PRESIDENT

7/20/2004

(305) 324-8033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #