

N05 0000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

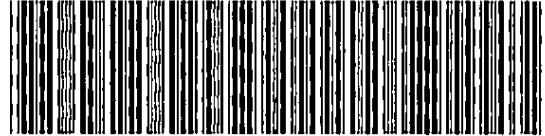
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke w/ paralegal to Mr. Alonso,  
on 11/5/20 to approve Attorney  
fact

85

Office Use Only



300348782953✓

RECEIVED

JUL 16 2020

07/23/20--01030 -013 \*\*210.00

35.00

S TALLENT

NOV 05 2020

2020 NOV -5 AM 1:10

RIP-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 SEP 1 12:11

August 31, 2020

ADARA M. RODRIGUEZ  
ALONSO & PEREZ, LLP  
6303 BLUE LAGOON DRIVE, SUITE 400  
MIAMI, FL 33126

SUBJECT: RAMAVEST CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000000900

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00016684



July 3, 2020

Via Mail To:

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Change of Address of Registered Agent

Dear Sir/Madam:

Our law firm is the designated Registered Agent for the following:

- |   |                           |
|---|---------------------------|
| • Caribbean Gardens Condominium Assoc., Inc.      | Document No: 739797       |
| • Coral Reef Medical Park, Inc.                   | Document No: 745269       |
| • Hemisphere Centre Condominium Assoc., Inc.      | Document No: N94000001678 |
| • Ramavest Condominium Assoc., Inc.               | Document No: N05000000900 |
| • The Centre at Beacon North Condo Assoc., Inc.   | Document No: N94000002932 |
| • Village West Warehouse Condominium Assoc., Inc. | Document No: N40103       |

Enclosed is a Statement of Change of Registered Office form for each of the above referenced entities along with check number 2822 for the amount of \$210.00 (\$35.00 for each statement). Accordingly, please process the Statement of Change of Registered Office forms.

Should you require additional information, please do not hesitate to contact me at 305-443-6321 or via email at [arodriguez@alonsoperezlaw.com](mailto:arodriguez@alonsoperezlaw.com).

Regards,

/s/ Adara M. Rodriguez

**Adara M. Rodriguez**  
Paralegal to Rafael F. Alonso, Esq.  
Alonso & Perez, LLP

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ramavest Condominium Assoc., Inc.  
Name of Corporation

DOCUMENT NUMBER: NO5000000900

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael F. Alonso  
Name of Contact Person

~~6969 Blue Lagoon Drive - Suite 400~~ Alonso & Perez, LLP  
Firm/Company

10303 Blue Lagoon Drive - Suite 400  
Address

Miami, FL 33126  
City/State and Zip Code

E-mail address: info@alonso.perez.law.com  
(to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael F. Alonso at (305) 443-6321  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ramavest Condominium Association, Inc.
2. The principal office address: 1135 Euclid Ave  
Miami Beach, FL 33139
3. The mailing address (if different): 815 NW 57 AVE - Suite 307, Miami FL 33126
4. Date of incorporation/qualification: 01/27/2005 Document number: W05000000900
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alonso & Perez LLP  
815 NW 57 AVE, Suite 307  
Miami, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alonso & Perez, LLP  
6303 Blue Lagoon Drive - Suite 400  
P.O. Box NOT acceptable  
Miami, FL 33126

2020 NOV -5 AM 1:10

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Rafael F. Alonso Attorney In Fact  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

10/12/2020  
Date

If signing on behalf of an entity:

[Signature]  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)