

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90019 048 \*\*\*\*61.25

**DOCUMENT # N05453**

1. Entity Name

**7900 WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O JUAN R. DALMAU  
 7900 W. 25TH AVENUE  
 HIALEAH FL 33016

JUAN R. DALMAU  
 9789 NW 31 STREET  
 MIAMI FL 33172-1058

B0017853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2686890**

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

Name

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

City

**FL**

Zip Code

**DALMAU, JUAN R.**  
**9789 N.W. 31 ST.**  
**MIAMI FL 33172**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **SD RIESGO, MORAIMA**  
 STREET ADDRESS **1120 NW 61ST AVE.**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD DALMAU, JUAN R**  
 STREET ADDRESS **9789 N.W. 31ST**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD TROVATO, JULIO**  
 STREET ADDRESS **125 CRANDON BLVD.**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE  Change  Add  
 NAME **TD JORGE L. HERRERA**  
 STREET ADDRESS **9800 S.W. 13 TERR.**  
 CITY-ST-ZIP **MIAMI, FL. 33174**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED - DALMAU 02/07/2000 305-821-01