

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-28-2007 90017 012 *****8.75

04-06-2007 90042 025 *****61.25

DOCUMENT # N06000004889 1. Entity Name BAPJAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13399 SW 131ST STREET MIAMI FL 33186		Mailing Address 13399 SW 131ST STREET MIAMI FL 33186			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 20-4812485				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 SW 77TH AVE SUITE 330 MIAMI FL 33156-2661				7. Name and Address of New Registered Agent Name Jose Estevez Street Address (P.O. Box Number is Not Acceptable) 9771 SW 45 St. City Miami FL Zip Code 33165	
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 Jose Estevez 3/16/07 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retaining)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ESTEVEZ, JOSE 13399 SW 131ST STREET MIAMI FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ESTEVEZ, JOSE III 13399 SW 131ST STREET MIAMI FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ESTEVEZ, CONCEPCION L 13399 SW 131ST STREET MIAMI FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ESTEVEZ, JOSE 13399 SW 131ST STREET MIAMI FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jose Estevez PD 3/16/07 (205)807-2486 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT
40052345
NO 6000004889

FROM THE DESK OF

J. ESTEVEZ

3/16/07

TO Whom it May Concern:

Dear Sir/Madams:

I'm sending the Annual Report
as follows:

- THE FEI Number included
- Change in Registered Agent
- Requesting a Certificate of
Status, enclosed check for \$675.

The filing fee already was paid
through the Internet.

Your attention to this matter will
be appreciated.

Sincerely,

Jose Estevez