


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # N06000012156 | | | |  | |
| 1. Entity Name MIAMI LAKES BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1462 WEST 84 STREET HIALEAH, FL 33014 | | | Mailing Address 1462 WEST 84 STREET HIALEAH, FL 33014 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | City & State | |
| 6. Name and Address of Current Registered Agent CAMPOS, BERNARDO 1462 WEST 84 STREET HIALEAH, FL 33014 | | | | | |
| 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD | NAME CAMPOS, BERNARDO | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1462 WEST 84 STREET | CITY - ST - ZIP HIALEAH, FL 33014 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE VPD | NAME PADRON, WILLIAM | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1462 WEST 84 STREET | CITY - ST - ZIP HIALEAH, FL 33014 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE STD | NAME CAMPOS, SARA | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1462 WEST 84 STREET | CITY - ST - ZIP HIALEAH, FL 33014 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

FILED

2008 APR 11 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR

Applied For

Not Applicable

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

CAMPOS, BERNARDO
1462 WEST 84 STREET
HIALEAH, FL 33014

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, 2008**

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
PD
NAME
CAMPOS, BERNARDO
STREET ADDRESS
1462 WEST 84 STREET
CITY - ST - ZIP
HIALEAH, FL 33014

☐ Delete

TITLE
VPD
NAME
PADRON, WILLIAM
STREET ADDRESS
1462 WEST 84 STREET
CITY - ST - ZIP
HIALEAH, FL 33014

☐ Delete

TITLE
STD
NAME
CAMPOS, SARA
STREET ADDRESS
1462 WEST 84 STREET
CITY - ST - ZIP
HIALEAH, FL 33014

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY - ST - ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Bernardo Campos

Bernardo Campos

3/25/08

(305)5577903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #