

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 033 ****61.25

DOCUMENT # N17551

1. Entity Name

70TH AVE. WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7007 S.W. 13 TERR
MIAMI FL 33144
US

Mailing Address

7007 SW 13 TERR
MIAMI FL 33144
US



2. Principal Place of Business
ALONSO TRANSMISSION, INC.

3. Mailing Address
ALONSO TRANSMISSION, INC.

Suite, Apt., etc.
7007 SW 13 TERRACE
MIAMI FL 33144

Suite, Apt., etc.
7007 SW 13 TERRACE
MIAMI FL 33144

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2793007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, CARLOS
7007 SW 13 TERR
MIAMI FL 33144

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MENENDEZ, JORGE
1340 SW 70 AVE.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ALONSO, CARLOS
7007 SW 13 TERR.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
ALONSO, ONILDA
7007 S.W. 13 TERR
MIAMI FL 33144 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Onilda Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28/05

Date

Daytime Phone #