

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

3/3

03-03-2003 90857 015 *****61.25

DOCUMENT # N39760

1. Entity Name
76 WEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2671-2705 W 76 STREET
HIALEAH FL 33016
US**

Mailing Address
**2681 W 76 ST
HIALEAH FL 33016
US**

44002631



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0294224**

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

**HENRIQUEZ, ALEJANDRO
2681 W 76 ST
HIALEAH FL 33016**

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

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 **DP**
NAME **HENRIQUEZ, ALEJANDRO**
STREET ADDRESS **2679 W 76 STREET**
CITY-ST-ZIP **HIALEAH FL**
☐ Delete

TITLE **DVT**
NAME **LOPEZ, ABDEL**
STREET ADDRESS **16023 NW 83RD COURT**
CITY-ST-ZIP **MIAMI FL 33018**
☒ Delete

TITLE **DVS**
NAME **GODOY, VICTOR**
STREET ADDRESS **2695 W 76 STREET**
CITY-ST-ZIP **HIALEAH FL**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DVT**
NAME **ORLANDO BLANCO**
STREET ADDRESS **8325 NW 157 Terr**
CITY-ST-ZIP **Miami, Lks, FL 33014**
☐ Change ☒ Addition

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

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

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

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

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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-03

Date

305-827-4240

Daytime Phone #

CR2E037 (10/02)