

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90308 023 ****61.25

DOCUMENT # N99000002959

1. Entity Name
**RED ROAD BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5733 NW 151 ST.
MIAMI LAKES, FL 33014**

Mailing Address
**5733 NW 151 ST.
MIAMI LAKES, FL 33014**

2. Principal Place of Business

3. Mailing Address

P.O. Box 830273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33283-0273

Country

USA

04082005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3637399

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

**YI, RICHARD
5765 NW 151 STREET
MIAMI LAKES, 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, 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 **D** ☐ Delete
NAME **YI, RICHARD**
STREET ADDRESS **5765 NW 151 STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **PADRON, ERNESTO JR.**
STREET ADDRESS **5733 NW 151 STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **CAPO, HECTOR**
STREET ADDRESS **5757 NW 151 STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hector Capo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

305-818-0557

Date

Daytime Phone #