

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N09000001895

**Entity Name:** DORAL NORTH BUSINESS CENTER II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10171 NW 58 STREET  
MIAMI, FL 33178

**Current Mailing Address:**

782 NW 42 AVE., SUITE 343  
MIAMI, FL 33126

**FEI Number: 80-0472890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALBERT E. ACUNA, P.A.  
782 N.W. 42 AVE.  
SUITE 343  
MIAMI, FL 33126 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, TREASURER  
Name RONDON, GUILLERMO  
Address C/O ALBERT E. ACUNA, P.A.  
782 NW 42 AVENUE 343  
City-State-Zip: MIAMI FL 33126

Title SECRETARY, DIRECTOR  
Name FERNANDA, MARIA  
Address C/O ALBERT E. ACUNA, P.A.  
782 NW 42 AVENUE 343  
City-State-Zip: MIAMI FL 33126

Title VP, DIRECTOR  
Name RONDON, EDUARDO  
Address C/O ALBERT E. ACUNA, P.A.  
782 NW 42 AVENUE 343  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name RONDON, SAMANTHA  
Address C/O ALBERT E. ACUNA, P.A.  
782 NW 42 AVENUE 343  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GUILLERMO RONDON**

**PRESIDENT**

**03/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date