

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004897

Entity Name: SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O TRUST MANAGEMENT SERVICES
8051 WEST 24 AVE
HIALEAH, FL 33016**Current Mailing Address:**PO BOX 160698
HIALEAH, FL 33016 US**FEI Number:** 65-0629272**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASULTO ROBBINS & ASSOCIATES, LLP
14160 NW 77 COURT, STE. 22
MIAMI LAKES, FL 33016 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:** RUSSELL M. ROBBINS, ESQ.

02/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	DIRECTOR
Name	URIBE, ORLANDO	Name	GONZALEZ, MARICEL
Address	P O BOX 160698	Address	PO BOX 160698
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	DIRECTOR	Title	SECRETARY
Name	COSSIO, RALPH	Name	URREA, GERARDO
Address	PO BOX 160698	Address	PO BOX 160698
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	DIRECTOR	Title	TREASURER
Name	PIEDRAHITA, CARLOS	Name	FERNANDEZ, ABEL
Address	PO BOX 160698	Address	PO BOX 160698
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
Title	VP		
Name	OJEDA, RICHARD		
Address	PO BOX 160698		
City-State-Zip:	HIALEAH FL 33016		

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: URIBE , ORLANDO

P

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date