

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90019 030 ****61.25

DOCUMENT # 759964

1. Corporation Name

THE MOORS MASTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

17321 NW 66 CT
MIAMI FL 33015
US

Mailing Address

17321 NW 66 CT
MIAMI FL 33015
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/11/1981

4. FEI Number

59-2165765

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A.
BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR. STE.#205
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME GRAVELINE
STREET ADDRESS 17321 NW 66 CT
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME PREBEL, DAVID
STREET ADDRESS 17321 NW 66 CT
CITY-ST-ZIP MIAMI FL 33015

TITLE T ☐ DELETE

NAME ABRAHAM, MAUREEN
STREET ADDRESS 17320 NW 65 AVE
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE

NAME HERNANDEZ, SAL
STREET ADDRESS 17321 NW 66 CT
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☐ DELETE

NAME BETHEL, DEIDRE
STREET ADDRESS 17321 NW 66 CT
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☒ DELETE

NAME CALLAHAN, TINA
STREET ADDRESS 17321 NW 66 CT
CITY-ST-ZIP MIAMI FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
TORRES, GABRIELLA
17321 NW 66 CT
MIAMI, FL 33015

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

305-821-9923

Date

Daytime Phone #

CR2E037 (1/98)