

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91478 001 \*\*\*\*70.00

**DOCUMENT # 711325**

1. Entity Name  
**BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business

**15225 N W 77 AVE  
MIAMI LAKES FL 33014**

Mailing Address

**15225 N W 77 AVE  
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0525914**

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

**ALIBERTI, MICHAEL MSW  
15225 NW 77TH AVE  
1ST FLOOR  
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 *Michael A. Aliberti, MSW* **MICHAEL A. ALIBERTI, MSW** 4/15/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, LESTER L	
STREET ADDRESS	2500 FIRST UNION FINANCIAL CENTER	
CITY-ST-ZIP	MIAMI FL 33131-2336	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, MIRIAM	
STREET ADDRESS	15170 SW 49TH COURT	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	PED	<input type="checkbox"/> Delete
NAME	RABELL, LUIS	
STREET ADDRESS	7270 NW 12 STREET, STE 410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PACELLI-HINKLEY, TONI	
STREET ADDRESS	11170 SW 131 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT-ELECT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR BARBARA	
STREET ADDRESS	1560 SOUTH DIXIE HIGHWAY, SUITE 211	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VICE PRESIDENT-ELECT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MCQUESTON	
STREET ADDRESS	2620 NE 51 STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luis Rabell* **Luis Rabell** 2003 President-4/15/03 (305) 558-6300

CR2E037 (10/02)