

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

DOCUMENT# N17000007112

**Entity Name:** AVENTURA PARKSQUARE EAST BLOCK SHARED FACILITIES  
MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2980 NE 207 STREET,  
AVENTURA, FL 33180

**Current Mailing Address:**

1200 BRICKELL AVE, PH2000  
MIAMI, FL 33131 US

**FEI Number: 82-2107701**

**Certificate of Status Desired: No**

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

ASSOCIATION LAW GROUP  
1200 BRICKELL AVE, PH2000  
MIAMI, FL 33131 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: JEFF COOPERMAN**

**06/03/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VALDIVIA, JAMIE  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            DUBROW , MARK  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            TREASURER, SECRETARY  
Name            RAFFETY , JAMES  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            DIRA  
Name            YEFFET, CORY  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            DIR  
Name            STABILE, NELSON  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            DIR  
Name            BALLESTAS, VICTOR  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title            DIR  
Name            TAVARES DE MELO, PAULO  
Address        150 SE 2ND AVENUE, SUITE 800  
City-State-Zip: MIAMI FL 33131

*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: JAMIE VALDIVIA**

**PRESIDENT**

**06/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date