

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715144

1. Entity Name

SOUTH FLORIDA F. M. ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 430025  
MIAMI FL 33243-0025

Mailing Address

P.O. BOX 430025  
MIAMI FL 33243-0025

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

23-7389714

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

POWERS, SCOTT  
31140 SW 188TH AVE  
HOMESTEAD FL 33030

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.

SIGNATURE

*[Signature]* Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SWIFT, JASON	
STREET ADDRESS	6791 SW 63RD AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	CIERESZKO, LEE	
STREET ADDRESS	7550 SW 61ST ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, GEORGE	
STREET ADDRESS	313 SW 32ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWERS, SCOTT	
STREET ADDRESS	31140 SW 188TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERGARA, HECTOR	
STREET ADDRESS	7500 SW 112TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAHAN, RICHARD	
STREET ADDRESS	10165 SW 103RD AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ciereszko, Lee	
STREET ADDRESS	7550 S.W. 61st ST.	
CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cruz, Robert	
STREET ADDRESS	3735 S.W. 89th Ave.	
CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chwilek, Joe	
STREET ADDRESS	9310 S.W. 164th St.	
CITY-ST-ZIP	MIAMI, FL. 33157	
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:

*[Signature]* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

305-247-9119

Daytime Phone #

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90178 047 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE