

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

05-16-2001 90032 018 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

POWERS, SCOTT
31140 SW 188TH AVE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name **MARGARITA MESONES-MORI**
 Street Address (P.O. Box Number is Not Acceptable)
14331 SW 100 LANE
 City **MIAMI** FL Zip Code **33186**

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

Margarita Mesones-Mori

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

☒ Delete

☒ Delete

☒ Delete

☒ Delete

☒ Delete

☒ Delete

☒ Delete

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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:

Margarita Mesones-Mori

4/30/01

35-201-4162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)