

DOCUMENT # 7 10003

1. Entity Name

SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

425 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146-2202425 SOUTH DIXIE HIGHWAY
CORAL GABLES FLA 33146-2202

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

59-1662319

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

POE, FRANK H
211 RIDGEWOOD RD
CORAL GABLES FL 33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES Chuck Joseph	
STREET ADDRESS	7001 W 4 AVE	401 NW 1 Ave.
CITY-ST-ZIP	HALEAH FL 33495	Ft. Lauderdale, FL 33301
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINE, IRA Derk Rushing	
STREET ADDRESS	5030 CONGRESS AVE	12800 NW 7 Ave.
CITY-ST-ZIP	BOYTON BEACH FL 33435	N. Miami, FL 33168
TITLE	D	<input type="checkbox"/> Delete
NAME	DELUCA, STAN Sandy Kaplan	
STREET ADDRESS	2721 NW 80TH COURT	5140 S. State Rd
CITY-ST-ZIP	MIAMI FL	Ft. Lauderdale, FL 33314
TITLE	D	<input type="checkbox"/> Delete
NAME	POE, FRANK	Frank Poe
STREET ADDRESS	425 S DIXIE HWY	425 S. Dixie Hwy
CITY-ST-ZIP	CORAL GABLES FL	Coral Gables, FL 33146
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, SANDY	
STREET ADDRESS	5140 S. STATE ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank H. Poe

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-12-2000 90103 006 ****61.25



DO NOT WRITE IN THIS SPACE

C2E037 (9/99)