

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 716683**

1. Entity Name

SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90002 034 ****61.25

004057

Principal Place of Business

**425 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146-2202**

Mailing Address

**425 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 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

**POE, FRANK H
211 RIDGEWOOD RD
CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent

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 \$61.25**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

TITLE	P	JOSEPH, CHUCK Rushing, Derk <input type="checkbox"/> Delete
NAME		12800 NW 7 Ave,
STREET ADDRESS		Miami, FL
CITY-ST-ZIP		33168

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	RUSHING, DERK Joseph, <input type="checkbox"/> Delete
NAME		401 N.W. 1 Ave.
STREET ADDRESS		Ft. Lauderdale,
CITY-ST-ZIP		33301

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME		KAPLAN, SANDY
STREET ADDRESS		5140 S STATE RD 7
CITY-ST-ZIP		FORT LAUDERDALE FL 33314

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME		POE, FRANK
STREET ADDRESS		425 S DIXIE HWY
CITY-ST-ZIP		CORAL GABLES FL 33146

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)