

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000008059

1. Entity Name
FTZ PLAT PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

7900 RED ROAD
9
SOUTH MIAMI, FL 33143

Mailing Address

7900 RED ROAD
9
SOUTH MIAMI, FL 33143



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1158971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIFAS, HAROLD
7900 RED ROAD
9
SOUTH MIAMI, FL 33143

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIFAS, HAROLD
STREET ADDRESS	7900 RED ROAD
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	D
NAME	KOHL, DEBBIE
STREET ADDRESS	1801 N. PINE ISLAND ROAD
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	VSD
NAME	MCBRIDE, VICTORIA
STREET ADDRESS	9000 SOUTHSIDE BLVD., FL9-300-01-01
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000380435
01/11/06 80013-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/5/06 305-662-8414
Date Daytime Phone #