

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90091 042 \*\*\*150.00

**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

40002833



**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-NP

CR2E037 (4/06)

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, 2008**

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~~ *DELETED*

TITLE ~~VGB~~  
NAME ~~MCBRIDE, VICTORIA~~  
STREET ADDRESS ~~9000 SOUTHSIDE BLVD., FL 300-01-01~~  
CITY-ST-ZIP ~~JACKSONVILLE, FL 32256~~ *DELETED*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

*HAROLD M. RIFAS*

*1/9/07*

*305-274-2492*