

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005797

DOCUMENT # **N01000008059**

1. Entity Name

FTZ PLAT PROPERTY OWNERS ASSOCIATION, INC.



FILED

03 OCT 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1920 EAST HALLANDALE BEACH BLVD
PENTHOUSE 5
HALLANDALE FL 33009**

Mailing Address

**1920 EAST HALLANDALE BEACH BLVD
PENTHOUSE 5
HALLANDALE FL 33009**

2. Principal Place of Business

7900 RED ROAD

3. Mailing Address

7900 RED ROAD

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

REINSTATEMENT CHANGES **03**

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

**ROZEN, DAVID L
1920 EAST HALLANDALE BEACH BLVD
PENTHOUSE 5
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

HAROLD M. RIFAS

Street Address (P.O. Box Number is Not Acceptable)

7900 RED ROAD #9

City

SOUTH MIAMI

FL

Zip Code

33143

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

HAROLD M. RIFAS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** **ROZEN, DAVID L** **DIKATE** ☒ Delete
STREET ADDRESS **1920 E. HALLANDALE BEACH BLVD - PNT #5**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **KOHL, DEBBIE**
STREET ADDRESS **1801 N. PINE ISLAND ROAD**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **VSD** ☐ Delete
NAME **MCBRIDE, VICTORIA**
STREET ADDRESS **9000 SOUTHSIDE BLVD., FL9-300-01-01**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **HAROLD M. RIFAS**
STREET ADDRESS **7900 RED ROAD #9**
CITY-ST-ZIP **SOUTH MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **400024178284**
CITY-ST-ZIP **10/27/03--01115--010 **236.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

10/27/03 305-662-8814

CR2E037 (4/03)