

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90229 036 ****61.25

DOCUMENT # N95000004854

1. Entity Name
AVOCADO-LOQUAT CONDOMINIUM TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

**3683 AVOCADO AVE
MIAMI FL 33133
US**

Mailing Address

**P.O. BOX 331053
MIAMI FL 33293
US**

2. Principal Place of Business

3. Mailing Address

3664 Loquat Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33133

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERRECCHIA, GIANFRANCO
3683 AVOCADO AVE.
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **ROBERT L. FERREIRA**

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

3664 Loquat Ave

City **Miami**

FL

Zip Code **33133**

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

Robert L. Ferreira

Feb 11, 2003

FILE NOW: FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	VERRECCHIA, GIANFRANCO	
STREET ADDRESS	21 SOUTHEAST FIRST AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITMAN, NEAL	
STREET ADDRESS	21 SOUTHEAST FIRST AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRENNER, RICHARD M	
STREET ADDRESS	21 SOUTHEAST FIRST AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. FERREIRA	
STREET ADDRESS	3664 Loquat Ave	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. MARGARET FERREIRA	
STREET ADDRESS	3663 AVOCADO AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL HARRING	
STREET ADDRESS	1320 So Dixie Hwy #740	
CITY-ST-ZIP	MIAMI FL 33146	
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
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 an other like empowered.

SIGNATURE:

Robert L. Ferreira

Feb 11, 2003 305-774-1577

CR2E037 (10/02)