

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005627

1. Entity Name

SHERRI AVERSA MEMORIAL FOUNDATION, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90219 030 ****61.25

Principal Place of Business

1455 NW 14TH STREET
MIAMI FL 33125

Mailing Address

1455 NW 14TH STREET
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1055996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
1455 N.W. 15TH ST.
MIAMI FL 33125

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	DP	<input type="checkbox"/> Delete
NAME	CRANDELL, LEE	
STREET ADDRESS	2248 NW 171 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AVERSA, TED	
STREET ADDRESS	1402 S. ST. CLOUD AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AVERSA, JANET	
STREET ADDRESS	1402 S. ST. CLOUD AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	TSIMOGEANNIS, JOHNNY	
STREET ADDRESS	770 PONCE DE LEON BLVD., #210	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	<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
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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 all other like empowered.

SIGNATURE

SIGNATURE REQUIRED TSIMOGEANNIS

3054442445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)