CAPITAL CONNECTION 850 222 1222 05/01

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

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90339 022 ****61.25

DOCUMENT # N99000005627

1. Entity Name
Sherri Aversa Memorial Foundation Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1455 NW. 14 Street	770 Ponce de Leon BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 210
City & State: Miami, Florida	City & State: Coral Gables, Fl
Zip: 33125 Country: U.S.A.	Zip: 33134 Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Benjamin E. Metsch.
Street Address (P.O. Box Number is Not Acceptable): 1455 NW. 14 Street.
City: Miami FL Zip Code: 33125

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: _____ May 1, 2002.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FEE IS $61.25 Initial or Amended UBR

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	D.P.
NAME	Crandell, Lee
STREET ADDRESS	2248 NW. 171 Terrace
CITY-ST-ZIP	Pembroke Pines, Fl 33028
TITLE	D.V.
NAME	Aversa, TED
STREET ADDRESS	1402 S. St. cloud Avenue
CITY-ST-ZIP	Valrico, Fl 33594
TITLE	D.S.
NAME	Aversa, Janet
STREET ADDRESS	1402 S. St. cloud Avenue
CITY-ST-ZIP	Valrico, Fl 33594
TITLE	T
NAME	Tsimogiannis, Thanny
STREET ADDRESS	770 Ponce de Leon BLVD #210
CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	D
NAME	Metsch, Benjamin
STREET ADDRESS	1455 NW. 14 Street
CITY-ST-ZIP	Miami, Florida 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ May 1, 2002.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date