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STATE
DIVISION OF CORPORATIONS
05 APR 20 PM 2:53



APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Leslie J. Lott, Esq.
Lott & Friedland, P.A.
P.O. Drawer 141098, Coral Gables, FL 33114-1098
(305) 448-7089
Daytime Telephone number

PART I

1. (a) Applicant's name: Old Cutler Bay Homeowners Corporation, Inc.

(b) Applicant's business address: 9365 Gallardo Street
Coral Gables, FL 33156

(c) Applicant's telephone number: (305) City/State/Zip
666-1218
☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: N15321 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 592741020

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Real estate development

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Signage, stationery, website

(Continued)

(d) The class(es) in which goods or services fall:

36

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: March 10, 1965 (b) Date first used in Florida: March 10, 1965

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

OLD CUTLER BAY

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " _____
" APART FROM THE MARK AS SHOWN.

I, Toni Schrager, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Old Cutler Bay Homeowners Corporation, Inc.

Typed or printed name of applicant

By: _____

Applicant's signature or authorized person's signature

(List name and title) Toni Schrager, President

STATE OF Florida

COUNTY OF Miami-Dade

On this 21 day of April, 2005, Toni Schrager personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)



Barby Perez
Commission #DD234511
Expires: Jul 23, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Notary Public Signature

Barby Perez
Notary's Printed Name

My Commission Expires: July 23, 2007

FEE: \$87.50 per class

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