

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007112

Entity Name: AVENTURA PARKSQUARE EAST BLOCK SHARED FACILITIES
MAINTENANCE ASSOCIATION, INC.

FILED
Apr 07, 2021
Secretary of State
8949665515CC

Current Principal Place of Business:

2980 NE 207 STREET,
AVENTURA, FL 33180

Current Mailing Address:

1200 BRICKELL AVE, PH2000
MIAMI, FL 33131 US

FEI Number: 82-2107701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION LAW GROUP
1200 BRICKELL AVE, PH2000
MIAMI, FL 33131 US

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: JEFF COOPERMAN

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VALDIVIA, JAMIE
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title VP
Name DUBROW , MARK
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title TREASURER, SECRETARY
Name RAFFETY , JAMES
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIRA
Name YEFFET, CORY
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name STABILE, NELSON
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name BALLESTAS, VICTOR
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

Title DIR
Name TAVARES DE MELO, PAULO
Address 150 SE 2ND AVENUE, SUITE 800
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE VALDIVIA

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date