

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90003 024 \*\*\*\*61.25

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**DOCUMENT # N94000001209**

1. Entity Name

**CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION**

(LA)

Principal Place of Business

Mailing Address

**225 MALAGA  
 CORAL GABLES FL 33134**

**POST OFFICE BOX 340712  
 CORAL GABLES FL 33134**

77577

2. Principal Place of Business

3. Mailing Address

**265 Sevilla**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Coral Gables, FL**

**33134**

Country

Zip

Country

4. FEI Number

**65-0412710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUGARMAN, ROBERT A  
 2801 PONCE DE LEON BLVD  
 SUITE 750  
 CORAL GABLES FL 33184**

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 \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 TAYLOR, KEITH  
 2815 SALZEDO ST  
 CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 OVARICH, THAD  
 218 PINECREST DR.  
 MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TT  
 TORRES, JULIO  
 525 S DIXIE HWY  
 CORAL GABLES FL 33142**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TT  
 STONE, JEFF  
 2815 SALZEDO ST  
 CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TT  
 PRAT, ANGELO  
 2815 SALZEDO ST  
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST Peter Porty  
 2815 Salzedo ST  
 CG, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PT  
 GOSSETT, JAMES  
 16501 SW 91 AVE  
 MIAMI FL**

TITLE ☐ Change ☐ 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:

**Thad Ovarich 7/12/01 305-446-7780**

CR2E037 (5/01)