

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001209

1. Entity Name

**CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**265 SEVILLA
CORAL GABLES FL 33134**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete

**TAYLOR, KEITH
2815 SALZEDO ST
CORAL GABLES FL 33134**

TITLE NAME ☐ Delete

**T
OVARICH, THAD
218 PINECREST DR.
MIAMI SPRINGS FL 33166**

TITLE NAME ☐ Delete

**TT
TORRES, JULIO
525 S DIXIE HWY
CORAL GABLES FL 33142**

TITLE NAME ☐ Delete

**TT
STONE, JEFF
2815 SALZEDO ST
CORAL GABLES FL 33134**

TITLE NAME ☐ Delete

**TT
PORTU, PETER
2815 SALZEDO ST
CORAL GABLES FL 33134**

TITLE NAME ☐ Delete

**PT
GOSSETT, JAMES
16501 SW 91 AVE
MIAMI FL**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90013 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)