2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9400001209

Entity Name: CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

525 S. DIXIE HWY CORAL GABLES, FL 33146

Current Mailing Address:

POST OFFICE BOX 340712 CORAL GABLES, FL 33134

FEI Number: 65-0412710

Name and Address of Current Registered Agent:

SUGARMAN, ROBERT A 100 MIRACLE MILE SUITE 300 CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Oncer/Director Detail :				
Title	PRESIDENT	Title	TREASURER	
Name	OVCARICH, THAD	Name	BALSERA, NICK	
Address	2151 SALZEDO ST.	Address	2151 SALZEDO ST	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	TRUSTEE	Title	SECRETARY	
Name	DRAGONETTI, JORGE	Name	JINETE, ANTHONY	
Address	2151 SALZEDO ST	Address	2151 SALZEDO ST.	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	TRUSTEE	Title	TRUSTEE	
Title Name	TRUSTEE FANTIGRASSI, JOE	Title Name	TRUSTEE BERNSTEIN, PETER	
Name	FANTIGRASSI, JOE	Name	BERNSTEIN, PETER 2151 SALZEDO ST	
Name Address	FANTIGRASSI, JOE 2151 SALZEDO ST.	Name Address	BERNSTEIN, PETER 2151 SALZEDO ST	
Name Address City-State-Zip:	FANTIGRASSI, JOE 2151 SALZEDO ST. CORAL GABLES FL 33134	Name Address	BERNSTEIN, PETER 2151 SALZEDO ST	
Name Address City-State-Zip: Title	FANTIGRASSI, JOE 2151 SALZEDO ST. CORAL GABLES FL 33134 TRUSTEE	Name Address	BERNSTEIN, PETER 2151 SALZEDO ST	
Name Address City-State-Zip: Title Name	FANTIGRASSI, JOE 2151 SALZEDO ST. CORAL GABLES FL 33134 TRUSTEE PABLO, MACHADO 2151 SALZEDO ST.	Name Address	BERNSTEIN, PETER 2151 SALZEDO ST	

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.

PRESIDENT

SIGNATURE: THAD OVCARICH

Electronic Signature of Signing Officer/Director Detail

FILED May 15, 2023 Secretary of State 2148305405CC

Certificate of Status Desired: No

Date

05/15/2023 Date