

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703972

1. Entity Name

MIAMI FIRE FIGHTER'S RELIEF FUND, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90064 049 ****70.00

Principal Place of Business

Mailing Address

2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125

2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125-1146

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

59-1085099

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

FLORES, THOMAS
2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125

Name

WILLIG, STUART

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

2980 NW SOUTH RIVER DRIVE

City

MIAMI

FL

Zip Code

33125

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] INS. REP

3-31-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$81.25**

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 P
STREET ADDRESS CAMP, GERALD
CITY-ST-ZIP 1090 WILSHIRE CIRCLE E
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WINCHESTER, WILLIAM
CITY-ST-ZIP 20320 NW 8 ST
PEMBROKE PINE FL 33029

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GUARDARRAMA, JERRY
CITY-ST-ZIP 8755 S.W. 58 STREET
COOPER CITY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PICCIANO, DALE
CITY-ST-ZIP 538 ZAMORA AVE
CORAL GABLES FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARK, DAVID
CITY-ST-ZIP 902 NW 106 AVENUE CIRCLE
MIAMI FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

305-635-7413

Date

Daytime Phone #

CR2E037 (9/99)