

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90091 004 ****61.25

DOCUMENT # 703972

1. Entity Name
MIAMI FIRE FIGHTER'S RELIEF FUND, INC.



Principal Place of Business
**2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125**

Mailing Address
**2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125**

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIG, STUART
2980 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125**

Name **GALERA, CARLOS**
Street Address (P.O. Box Number is Not Acceptable)
2980 NW SOUTH RIVER DRIVE
City **MIAMI** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carlos E. Galera **Carlos E. Galera**

1/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HARRISON, HENRY**
STREET ADDRESS **16940 SW 301 ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE **D** ☐ Delete
NAME **FLORES, TOM**
STREET ADDRESS **12320 SW 100 AVE**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☒ Delete
NAME **BECKLER, KEITH**
STREET ADDRESS **2980 NW S RIVER DRIVE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☐ Change ☒ Addition
NAME **HARRISON, JAMES**
STREET ADDRESS **2607 COOLIDGE ST**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **P** ☐ Delete
NAME **PICCiano, DALE**
STREET ADDRESS **538 ZAMORA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **D** ☒ Delete
NAME **GALERA, CARLOS**
STREET ADDRESS **530 NE 51 ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIG, STUART**
STREET ADDRESS **10225 SW 135 ST**
CITY-ST-ZIP **MIAMI, FL 33176**

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:

Stuart Willig **STUART WILLIG**

1-23-03 305-633-3442

CR2E037 (10/02)