

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742269

1. Entity Name

PROGRESSIVE FIREFIGHTERS ASSOCIATION INC. OF DAD

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90013 028 \*\*\*\*70.00

Principal Place of Business	Mailing Address
926 RUTLAND ST. OPA LOCKA FL 33054	PO BOX 540423 OPA LOCKA FL 33054-0423

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2395841	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	------------	--

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent
DAVIS, FAYE 670 N. E. 195 ST. N M BCH FL 33179

7. Name and Address of New Registered Agent
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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	--------------------------------

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DAVIS, FAYE
STREET ADDRESS	670 N. E. 195 ST.
CITY-ST-ZIP	N M BCH FL 33179
TITLE	VD
NAME	BARNES, EDWARD
STREET ADDRESS	2531 N. W. 173 TERR.
CITY-ST-ZIP	MIAMI FL 33169
TITLE	S
NAME	JENNINGS, KESHIA
STREET ADDRESS	19148 N. W. 33 AVE.
CITY-ST-ZIP	MIAMI FL 33056
TITLE	TD
NAME	RAGIN, WILLIE
STREET ADDRESS	P. O. BOX 172235
CITY-ST-ZIP	HIALEAH FL 33017-2235
TITLE	RECS
NAME	WILLIAMS, PAM
STREET ADDRESS	3075 N. W. 68 ST.
CITY-ST-ZIP	MIAMI FL 33147

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:	<i>Faye Davis</i>	305-688-FIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E037 (9/99)