

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02462

1. Entity Name

DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITI

Principal Place of Business

8000 NW 21 STREET, SUITE 222
MIAMI FL 33122-1605

Mailing Address

8000 NW 21 STREET, SUITE 222
MIAMI FL 33122-1620

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

00 APR 10 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3/15/00 90130 025 461.25

4. FEI Number

65-0056215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONN, MICKEY
8000 NW 21 ST STE 222
SUITE 330
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name
Dominick F. Barbera
Street Address (P.O. Box Number is Not Acceptable)
8000 NW 21 ST, Suite 222
City
Miami FL Zip Code
33122

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]

3/10/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DD	<input type="checkbox"/> Delete
NAME	PENA, ORLANDO	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRAMER, MICHAEL	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAINEY, GARY	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONN, MICKEY	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HILLS, STANLEY	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dominick F. Barbera	
STREET ADDRESS	8000 NW 21 St., Suite 222	
CITY-ST-ZIP	Miami, FL 33122	
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 information empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

DATE

305-593-6100

Daytime Phone #

CR2E037 (9/99)

KE