

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27978

1. Entity Name

PROFESSIONAL FIREFIGHTERS & PARAMEDICS OF DELRAY

Principal Place of Business

Mailing Address

P.O. BOX 583
DELRAY BEACH FL 33447-7583
US

P.O. BOX 583
DELRAY BEACH FL 33447-7583
US

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

23-7080387

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

MIERZWA, MATTHEW J., JR
3900 WOODLAKE BLVD
S212
LAKE WORTH FL 33463

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS TABEEK, JAMES H
CITY-ST-ZIP 501 W ATLANTIC AVE
DELRAY BCH FL 33447-7583 ☐ Delete

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

TITLE
NAME VPD
STREET ADDRESS WISE, MICHAEL
CITY-ST-ZIP 501 W ATLANTIC AVE
DELRAY BCH FL 33447-7583 ☐ Delete

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

TITLE
NAME SD
STREET ADDRESS DALTON, JAMES
CITY-ST-ZIP 501 W ATLANTIC AVE
DELRAY BEACH FL 33447-7583 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS ROSE, ILENE
CITY-ST-ZIP 501 W. ATLANTIC AVE.
DELRAY BEACH FL 33447-7583 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

561 243-7426

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE