

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46999

1. Entity Name

IKPE PROGRESSIVE ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90049 044 *****70.00

Principal Place of Business		Mailing Address	
18270 SW 142 PLACE MIAMI FL 33177		18270 SW 142 PLACE MIAMI FL 33177-7620	
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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIEGEL, BERNARD F 10723 S.W. 104 ST MIAMI FL 33158		BASSEY IKPEINYANG 18270 SW 142 PL. MIAMI, FL. 33177	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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]* (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	TITLE	NAME
PD	IPKE, NSIDIBE	President	BASSEY IKPEINYANG
STREET ADDRESS	13551 SW 62 AVENUE	STREET ADDRESS	18270 SW 142 PL.
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	MIAMI, FL. 33177
TITLE	D	Secretary	IN YANG IKPE
NAME	IKPEINYANG, BASSEY	STREET ADDRESS	11331 SW-164 Ter.
STREET ADDRESS	18270 SW 142 PLACE	CITY - ST - ZIP	MIAMI, FL. 33157
CITY - ST - ZIP	MIAMI FL		
TITLE	VP		
NAME	IKPE, UWEM		
STREET ADDRESS	20846 SW 122 CT		
CITY - ST - ZIP	MIAMI FL		
TITLE	D	PATRON	DR. NSIDIBE IKPE
NAME	IKPEINYANG, MERCY	STREET ADDRESS	13551 SW 62 Ave.
STREET ADDRESS	12140 SW 202 ST	CITY - ST - ZIP	MIAMI, FL. 33156
CITY - ST - ZIP	MIAMI FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		VICE PRESIDENT	UWEM IKPE
NAME		STREET ADDRESS	20846 SW 122 CT
STREET ADDRESS		CITY - ST - ZIP	MIAMI, FL. 33177
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (9/99)