

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46999

1. Entity Name

IKPE PROGRESSIVE ASSOCIATION, INC.

Principal Place of Business

18270 SW 142 PLACE
MIAMI FL 33177

Mailing Address

18270 SW 142 PLACE
MIAMI FL 33177

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

65-0595134

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

IKPEINYANG, BASSEY
18270-SW 142 PL.
MIAMI FL 33177

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 ☐ Delete
NAME PD
STREET ADDRESS IKPEINYANG, BASSEY
CITY-ST-ZIP 18270 S.W. 142ND PL
MIAMI FL 33177

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS IKPE, INYANG
CITY-ST-ZIP 11331 S.W. 164TH TERR
MIAMI FL 33151

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

TITLE ☐ Delete
NAME P
STREET ADDRESS IKPE, NSIDIBE DR
CITY-ST-ZIP 13551 S.W. 62ND AVE
MIAMI FL 33156

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS IKPE, UNEM
CITY-ST-ZIP 20846 S.W. 122ND CT
MIAMI FL 33177

TITLE ☐ Change ☐ Addition
NAME VPD
STREET ADDRESS IKPE, UNEM
CITY-ST-ZIP 20846 S.W. 122nd of
Miami, FL 33177 (the same person)

TITLE ☐ Delete
NAME T
STREET ADDRESS IKPE, MARGARET
CITY-ST-ZIP 20535 SW 82 CT.
MIAMI FL 33189

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/02 (305) 256-1165

Date

Daytime Phone #

CR2E037 (9/01)