

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90293 036 ****61.25

DOCUMENT # N97000000148

1. Entity Name

PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

809 PROGRESSO DRIVE
 FT LAUDERDALE FL 33304

Mailing Address

809 PROGRESSO DRIVE
 FT LAUDERDALE FL 33304

PAULETTE TERRILL

2. Principal Place of Business

3. Mailing Address

909 NW 5TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL.

Zip

Country

Zip

33311

Country

BROWARD

4. FEI Number

65-0712127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, JOEL
 12 EAST SUNRISE BLVD.
 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

TONY CURATOLO

Street Address (P.O. Box Number is Not Acceptable)

825 NE 2ND AVENUE

City

FT. LAUDERDALE, FL. 33304

Zip Code

33304

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, JOEL	
STREET ADDRESS	12 EAST SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHALLENBERGER, WAYNE	
STREET ADDRESS	815 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEHRENBURG, JAMES	
STREET ADDRESS	809 PROGRESSO DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CURATOLO, TONY	
STREET ADDRESS	825 NE 2ND AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	TONY CURATOLO	
STREET ADDRESS	825 NE 2ND AVE.	
CITY-ST-ZIP	FT, LAUDERDALE, FL. 33304	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIZ JOHNSON	
STREET ADDRESS	901 PROGRESSO DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33041	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN SHALLENBERGER	
STREET ADDRESS	815 NO. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULETTE TERRILL	
STREET ADDRESS	909 NW 5TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2001 954-463-4100

CR2E037 (10/00)