2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000148

1. Entity Name

PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.



FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90137 003 ****61.25

			O WE TO					
Principal Place of Business 809 PROGRESSO DRIVE FT LAUDERDALE FL 33304		Mailing Address 909 NW 5TH AVENUE FORT LAUDERDALE FL 33311			20027448			
2. Principal	Place of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_			
					☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 6	4. FEI Number 65-0712127 Applied For Not Applicable			
Zip Country .		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered			
			Name			190	· · · <u>-</u>	
	OLA, TONY		ļ	ess (P.O. Box Number is N				
	2ND AVENUE AUDERDALE FL 33304							
TORTE	NOUERDALE FL 33304							
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8. The above	e named entity submits this statement for	r the purpose of changing its	registered office or regi	istered agent, or both, in t	he State of Florida. I am t	amiliar with	and accept	
the obliga	tions of registered agent.	0		, ,			, and doopt	
	100000		₁ 3/	18/03				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature req	triired when reinstating)	DATE			
				, and the state of	DATE			
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to es Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	J 10	
TITLE	PD	☐ Delete	TITLE			Change	Addition	
NAME	CURATOLO, TONY		NAME			_ *		
STREET ADDRESS CITY-ST-ZIP	825 NE 2ND AVE		STREET ADDRESS					
·	FT LAUDERDALE FL 33304 VD		CITY-ST-ZIP					
ritle Name	JOHNSON, LIZ	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	901 PROGRESSO DRIVE		NAME STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33041		CITY-ST-ZIP					
TITLE	SD	☐ Delete	· TITLE:			Change	Addition	
NAME	SHALLENBERGER, JEAN		NAME		· · <u></u> ,	☐ Change _	Addition	
STREET ADDRESS	812 N ANDREWS AVE		STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP					
TLE	TODUL DALILETTE	☐ Delete	TITLE			Change	☐ Addition	
TREET ADDRESS	TERRILL, PAULETTE 909 NW 5TH AVENUE		NAME					
ITY-ST-ZIP	FORT LAUDERDALE FL 33311	>	STREET ADDRESS CITY-ST-ZIP					
ITLE	TOTAL DIODELLO RELIEVE	□ Delete	TITLE			<u></u>	F3 4 1 111	
AME		□ Deleté	NAME			Change	☐ Addition	
Treet address			STREET ADDRESS					
ITY-ST-ZIP			CITY-ST-ZIP					
TLE	· ·	☐ Delete	TITLE	- · · · · ·		☐ Change	☐ Addition	
AME			NAME				_	
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS					
I	ortify that the information	his filling above and the second	CITY-ST-ZIP					
indicated	ertify that the infermation supplied with the	nıs ıllıng does not qualify for t	ne exemption stated in	Section 119.07(3)(i), Florid	da Statutes. I further certi-	iv that the in	formation	

12. I hereby certify that the infermation 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:

STENDED FEDRINGED

3/18/03

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