

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90056 027 ****61.25

DOCUMENT # N98000000388

1. Entity Name

DEERFIELD BEACH FIREFIGHTERS AND PARAMEDICS BENE

Principal Place of Business

P. O. BOX 176
 DEERFIELD BEACH FL 33443

Mailing Address

P. O. BOX 176
 DEERFIELD BEACH FL 33443

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

NOT APPLICABLE

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 & ASSOCIATES PA
ATTN : KEITH DUBIN, ESQ
3900 WOODLAKE BLVD STE 212
LAKE WORTH FL 33463-3045

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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	PELLITTERI, MATT	849 NE 4TH ST DEERFIELD BEACH FL 33441				
	VPD	KNAPP, GAIL	264 SE 6 AVE DEERFIELD BEACH FL 33441				
	SD	CANTALUPO, ALEX	1256 SE 8 ST DEERFIELD BEACH FL 33441				
	T	QUITONI, JOHN	153 NW 40TH TERR. DEERFIELD BEACH FL 33442				
	T	CROFUTT, SEAN	170 SW 32 AVE DEERFIELD BEACH FL 33442				
	TD	GRIFFITH, MARK	1061 SW 20 ST BOCA RATON FL 33486				

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

4/12/01

Date

Daytime Phone #

CR2E037 (10/00)