

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90235 036 ****61.25

DOCUMENT # N98000002165

1. Entity Name

DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1252
 SOUTH MIAMI FL 33243

P.O. BOX 1252
 SOUTH MIAMI FL 33243

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

23-7034884

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

MARTIN, JOHN
14501 SW 161ST STREET
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

John Soeder **Treasurer**

6/27/02

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	D <input type="checkbox"/> Delete
NAME	MARTIN, JOHN
STREET ADDRESS	P.O. BOX 1252
CITY-ST-ZIP	SOUTH MIAMI FL 33243
TITLE	D <input type="checkbox"/> Delete
NAME	BURCHMAN, RUE
STREET ADDRESS	P.O. BOX 1252
CITY-ST-ZIP	SOUTH MIAMI FL 33243
TITLE	D <input type="checkbox"/> Delete
NAME	SOEDER, JOHN
STREET ADDRESS	P.O. BOX 1252
CITY-ST-ZIP	SOUTH MIAMI FL 33243
TITLE	D <input type="checkbox"/> Delete
NAME	ADAMS, JIM
STREET ADDRESS	P.O. BOX 1252
CITY-ST-ZIP	SOUTH MIAMI FL 33243
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BARFIELD, MIKE
STREET ADDRESS	16241 SW 282 ST
CITY-ST-ZIP	HOMESTEAD FL 33033
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCHMAN, RUE
STREET ADDRESS	PO BOX 1252
CITY-ST-ZIP	S. Miami FL 33243
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE FRANKIEWICZ
STREET ADDRESS	19805 SW 87 PL
CITY-ST-ZIP	Miami FL 33157
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 another like empowered.

SIGNATURE: *John Soeder* **Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02
 Date
305-742-8014
305-596-8626
 Daytime Phone #

CR2E037 (9/01)

B0127348



DO NOT WRITE IN THIS SPACE