2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002165

1. Entity Name



FILED May 29, 2003 8:00 am § Secretary of State

05-29-2003 90131 042 ****61.25

Principal Place of Business	DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSO CIATION, INC.								
Suite. Apt. #, obc. Suite Chry & State Chry &	P.O. BOX 1252 P.O		P.O. BOX 1252						
Suite. Apt. #, obc. Suite Chry & State Chry &	2. Principal F	Place of Business	3. Mailing Address						
City & State Ci	Suite Apt # etc		Suite And Michael		_				
Name and Address of Current Registered Agent S. Cortificate of Status Desired Satisfy Additional Fee Required	ouite, Apt.	- 	Suite, Apt. #, etc.		L C+	HECK HERE IF MAKING CH	IANGES		
Secretary Country Secretary Secret	City & State		City & State		4. FEI Number 23-7034884 Applied Not Ac				
MARTIN, JOHN 14501 SW 161ST STREET MAME and Address of Current Registered Agent City City FL Zip Code City City FL Zip Code City FL Zip Code City Cit	Zip	Country	Zip	Country	5. Certificate of State		. 75 Addi	tional	
MARTIN, JOHN 1450 SW 161ST STREET MIAMI FL 33177 City FL ZIP Code City FL ZIP Code City FL ZIP Code City FL ZIP Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$		6. Name and Address of Current	Registered Agent		7. Name and Addre				
14501 SW 161ST STREET MIAMI FL 33177 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur				Name					
MIAMI FL 33177 City FL Zip Code				Street Address		P.O. Box Number is Not Acceptable)			
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. I am familiar with, and accept she obligations of registered agent. SIGNATURE Signature, typed or private frame of impatisered agent und the fleepficiable. (APTE Registered Apent signature recurred when reministing) CAPE	1								
SIGNATURE Signature, typed or percent name of registered agent and time if upp incide. (NOTE: Required Agent syndror recovered when remaining) DATE		,		City		FL	Zip Code		
SIGNATURE Signature Signa			or the purpose of changing its reg	gistered office or register	ed agent, or both, in the	e State of Florida. I am fami	liar with, a	nd accept	
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Mark Check Payable to Florida Department of State	ine obligat	tions of registered agent.							
FILE NOW: FEE IS \$61.25 United Description of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ITILE DESCRIPTION OFFICERS AND DIRECTORS MARTIN, JOHN Description of State NAME SIRECT ADDRESS CITY-ST-2IP SOUTH MIAMIF L 33243 TITLE D SOUTH MIAMIF L 33243 TITLE D SOUTH MIAMIF L 33243 TITLE SOU	SIGNATURE .								
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating)	DATE			
TITLE				· · ·					
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I nereby certify that the information supplied with this filling 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 wher like empowered.

SIGNATURE: