

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90167 036 ***150.00

DOCUMENT # P99000065297

1. Entity Name
PROGRESSIVE ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

4128 NORTH MIAMI AVENUE
MIAMI FL 33127

Mailing Address

4128 NORTH MIAMI AVENUE
MIAMI FL 33127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0941405**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

UCHE, EMMANUEL
4128 NORTH MIAMI AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **UCHE, EMMANUEL**
STREET ADDRESS **4128 NORTH MIAMI AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **SD** ☐ Delete
NAME **OPARAH, VICTOR**
STREET ADDRESS **1091 N.W. 46 AVE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **TD** ☐ Delete
NAME **ANYAGALIGBO, CHRIS**
STREET ADDRESS **1340 N.W. 198 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **SD** ☐ Delete
NAME **FRANKLIN, ARIEANA**
STREET ADDRESS **9551 HUDSON STREET**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANKLIN O. ARIEANA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02
 Date

954-430-6767
 Daytime Phone #

CR2E034 (9/01)