

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90390 015 ***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

3. Mailing Address

1091 N.W. 46 AVENUE



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAUDERHILL, FLORIDA

4. FEI Number

65-0941405

Applied For

Not Applicable

Zip

Country

Zip

Country

33313 BROWARD

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

UCHE, EMMANUEL
4128 NORTH MIAMI AVENUE
MIAMI, FL 33127

Name **VICTOR A. OPARAH**

Street Address (P.O. Box Number is Not Acceptable)
1091 N.W. 46 AVENUE

City **LAUDERHILL**

FL

Zip Code
33313

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

V.A. Oparah Victor OPARAH (GENERAL SECRETARY) 3-26-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE: \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	UCHE, EMMANUEL	
STREET ADDRESS	4128 NORTH MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OPARAH, VICTOR	
STREET ADDRESS	1091 N.W. 46 AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANYAGALIGBO, CHRIS	
STREET ADDRESS	1340 N.W. 198 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANKLIN, ARIBEANA	
STREET ADDRESS	9661 HUDSON STREET	
CITY-ST-ZIP	MIRAMAR, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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:

V.A. Oparah Victor OPARAH, G. SECRETARY/DIRECTOR, 3-26-03, 797-9320 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)