

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # N36226

1. Entity Name
 POLICE OFFICER ASSISTANCE TRUST, INC.

Principal Place of Business 2634 NW 97 AVE MIAMI 33172	FL US	Mailing Address 7921 NORTHWEST SOUTH RIVER DR SUITE 315 MEDLEY 331662515	FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2634 NW 97 AVE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33172	Country US	Zip 33172	Country US
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4. FEI Number 65-0164129	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROOSEVELT JIM
 9601 NW 58 ST

 MIAMI FL
 33178 US

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 _____ DATE **01/12/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAIOLCY CHARLES 2801 SALAZO ST MIAMI FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROOSEVELT JIM 9601 NW 58 ST MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOFTUS JIM 9105 NW 25 ST MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANK BONI CHIEF 9105 N.W. 25 STREET, SUITE 3072 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAIDLEY CHARLES MAJOR 2801 SALZEDO ST CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROOSEVELT JIM LT. 9601 NW 58 ST, BLDG 100 MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOFTUS JAMES MAJOR 9105 NW 25 ST, ROOM 2088 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONI FRANK P.A.D. 9105 NW 25 ST, ROOM 3072 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jim Roosevelt DT **01/12/2001**

CR2E037 (11/00)