

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36226

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

Entity Name: POLICE OFFICER ASSISTANCE TRUST, INC.

**Current Principal Place of Business:**

2634 NW 97 AVE  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2634 NW 97 AVE  
MIAMI, FL 33172 US

**New Mailing Address:**

FEI Number: 65-0164129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROOSEVELT, JIM  
9601 NW 58 ST  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BONI, FRANK P A.D.  
Address: 9105 NW 25 ST, ROOM 3072  
City-St-Zip: MIAMI, FL 33172 US

Title: DS ( ) Delete  
Name: LOFTUS, JAMES MAJOR  
Address: 9105 NW 25 ST, ROOM 2088  
City-St-Zip: MIAMI, FL 33172 US

Title: DT ( ) Delete  
Name: ROOSEVELT, JIM LT.  
Address: 9601 NW 58 ST, BLDG 100  
City-St-Zip: MIAMI, FL 33178 US

Title: DV ( ) Delete  
Name: FAIDLEY, CHARLES MAJOR  
Address: 2801 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROTHLEIN, STEVE CHIEF  
Address: 9105 NW 25 ST, ROOM 2105  
City-St-Zip: MIAMI, FL 33172 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: MAAS, FRED CHIEF  
Address: 17070 COLLINS AVE, SUITE 255  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM ROOSEVELT

DT

01/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date