

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**  
 06-06-2001 90003 013 \*\*\*\*70.00

**DOCUMENT # N96000000033**

1. Entity Name

**MIAMI POLICE ATHLETIC LEAGUE, INC.**

Principal Place of Business

Mailing Address

**MIAMI POLICE DEPT  
 #208  
 MIAMI FL 33128**

**400 N.W. 2ND AVENUE  
 MIAMI FL 33128**

**D0057288**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Miami Police Dept.**

3. Mailing Address

**400 NW 2AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Room 206**

**Room 206**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-0669948**

Applied For

☒ Not Applicable

Zip

**33128**

Country

**MIAMI-DADE**

Zip

**33128**

Country

**MIAMI-DADE**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, AUBREY  
 400 NW 2 AVE  
 OFFICE OF THE CHIEF  
 MIAMI FL 33128**

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.

(NO E: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM	
STREET ADDRESS	400 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DARLING, GERALD	
STREET ADDRESS	400 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BELLAMY, ANGELA	
STREET ADDRESS	444 SW 2ND AVENUE 7TH FL	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELLAMY, ANGELA	
STREET ADDRESS	400 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	UPTGROW, MELVIN E	
STREET ADDRESS	400 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIMONDI, JOSEPH	
STREET ADDRESS	400 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, Raul	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Aubrey J.	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	2nd VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uptgrow, Melvin E	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Lynda	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vera, Andrew	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rimondi, Joseph	
STREET ADDRESS	400 NW 2AVE	
CITY-ST-ZIP	MIAMI, FL.	

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 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: **Joseph Rimondi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/30/01 (305) 574 6184**

Date Daytime Phone

CR2E037 (10/00)