

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **703984**

1. Entity Name

MIRAMAR POLICE BENEVOLENT ASSOCIATION INC.

FILED

02 JUN 21 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 95-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7000 SW 35 STREET

3. Mailing Address

PO BOX 4271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

650013773

Applied For

Not Applicable

Zip  
33023

Country  
USA

Zip  
33083

Country  
USA

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **BUENO, GILBERTO**

Street Address (P.O. Box Number is Not Acceptable)  
**8915 MIRAMAR PARKWAY**

City

MIRAMAR

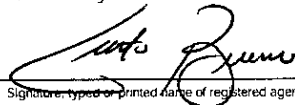
FL

Zip Code  
33025

**DO NOT WRITE  
IN THIS SPACE**

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



GILBERTO BUENO

05/10/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

PRESIDENT P - D  
MARIO BONIS  
8915 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1000006097341-1-8  
-06/28/02--01021--001  
\*\*\*513.15 \*\*\*513.15

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VICE PRESIDENT V - D  
DANIEL GARCIA  
8915 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TREASURER T - D  
GILBERTO BUENO  
8915 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SECRETARY S - D  
JAMES DUNKELBERGER  
8915 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

NA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

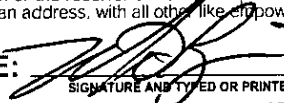
TITLE  
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CITY - ST - ZIP

NA

TITLE  
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



MARIO BONIS

05/10/02

954-602-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)