


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90174 019 ****61.25

DOCUMENT # 703984

1. Entity Name
MIRAMAR POLICE BENEVOLENT ASSOCIATION INC.



Principal Place of Business Mailing Address


**7000 S.W. 35TH STREET
MIRAMAR FL 33023** **PO BOX 4271
MIRAMAR FL 33083**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0013773** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUENO, GILBERTO
8915 MIRAMAR PARKWAY
MIRAMAR FL 33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONIS, MARIO	
STREET ADDRESS	8915 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, DANIEL	
STREET ADDRESS	8915 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUENO, GILBERTO	
STREET ADDRESS	8915 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNKELBERGER, JAMES	
STREET ADDRESS	8915 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
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 10

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
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 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: *[Signature]* **SIGNATURE REGISTERED BUENO**

4-30-03 954-601-4045

CR2E037 (10/02)