

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761761

1. Entity Name

DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, IN

Principal Place of Business

400 NW 2ND AVENUE  
MIAMI FL 33128  
US

Mailing Address

400 NW 2ND AVENUE  
MIAMI FL 33128  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2335562

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALK (GLENN P.)  
113 ALMERIA AVE  
CORAL GABLES FL 33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	HOOD, THOMAS	
STREET ADDRESS	700 NE 124 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, CARLOS	
STREET ADDRESS	9105 NW 25ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRETO, RICHARD	
STREET ADDRESS	1100 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATARESE, LEONARD	
STREET ADDRESS	9080 BAY DR.	
CITY-ST-ZIP	INDIAN CREEK FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, THOMAS	
STREET ADDRESS	700 NE 124 ST, North Miami, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATARESE, LEONARD	
STREET ADDRESS	9080 Bay Dr., Indian Creek FL	
CITY-ST-ZIP		
TITLE	TOIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Ribel	
STREET ADDRESS	2960 Aventura Blvd, Aventura, FL	
CITY-ST-ZIP		
TITLE	Andrew A. VERA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Exec. Treasurer	
STREET ADDRESS	400 NW 2nd Ave, Miami, FL	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew A. VERA, Exec. Treas. 7/11/00 (305) 579-6444

Date

Daytime Phone #

FILED  
Jul 28, 2000 8:00 am  
Secretary of State

07-28-2000 90150 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)