

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90604 036 ****61.25

0037988

DOCUMENT # 761761

1. Entity Name

DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, IN

Principal Place of Business

Mailing Address

400 NW 2ND AVENUE
 MIAMI FL 33128
 US

400 NW 2ND AVENUE
 MIAMI FL 33128
 US

2. Principal Place of Business

3. Mailing Address

301 NW 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33127

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD HOOD, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	700 NE 124 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE NAME	VD ALVAREZ, CARLOS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9105 NW 25ST	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	PD BARRETO, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1100 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE NAME	S MATARESE, LEONARD	<input type="checkbox"/> Delete
STREET ADDRESS	9080 BAY DR.	
CITY-ST-ZIP	INDIAN CREEK FL	
TITLE NAME	S Thomas Ribel	<input type="checkbox"/> Delete
STREET ADDRESS	2960 Aventura Blvd	
CITY-ST-ZIP	AVENTURA, FL	
TITLE NAME	TD Richard Masten	<input type="checkbox"/> Delete
STREET ADDRESS	9990 NE 2nd Ave	
CITY-ST-ZIP	Miami Shores, FL	

TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S Thomas Ribel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2960 Aventura Blvd	
CITY-ST-ZIP	AVENTURA, FL	
TITLE NAME	TD Richard Masten	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9990 NE 2nd Ave	
CITY-ST-ZIP	Miami Shores, 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/1/01** (305) 579-6444
 Daytime Phone #

CR2E037 (10/00)