

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/21

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90033 013 \*\*\*\*61.25

**DOCUMENT # 761761**

1. Entity Name

**DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, IN C.**

Principal Place of Business

Mailing Address

301 NW 38TH STREET  
 MIAMI FL 33127  
 US

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



DO NOT WRITE IN THIS SPACE

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**

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	VD HOOD, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	700 NE 124 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE NAME	S RIBEL, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	2960 AVENTURA BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD MASTEN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	8990 NE 2ND AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE NAME	PD MATARESE, LEONARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9080 BAY DR.	
CITY-ST-ZIP	INDIAN CREEK FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD RIBEL, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2960 AVENTURA BLVD	
CITY-ST-ZIP	MIAMI, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD James Skinner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2801 Salcedo St	
CITY-ST-ZIP	Coral Gables, FL	
TITLE NAME	Assistant Treasurer Andrew Vega, CPA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	400 NW 2nd Ave	
CITY-ST-ZIP	Miami, FL 33128	

CR2E037 (9/01)

①

② Dire 015

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 REQUIRED Andrew Vega**

**3/12/02**

**305 579-6648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #