

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K93808**

1. Entity Name

MIAMI POLICE SUPPLY, INC ✓

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90034 015 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

5641-43 S.W. 8TH ST.

3. Mailing Address

5641-43 S.W. 8TH ST.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0125996

Account For

Not Applicable

Zip

33146

County

DADE

Zip

33146

County

DADE

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

ALVAREZ, MANUEL
5641-43 S.W. 8TH STREET.
MIAMI, FL. 33146

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 of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when changing agent)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instructions on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	☐ Delete
NAME	ALVAREZ MANUEL	
STREET ADDRESS	5641-43 SW 8TH STREET	
CITY-STATE-ZIP	MIAMI FL 33146	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 supplements 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00

(305) 264 6367

Date

Daytime Phone #