

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005218

FILED  
Jan 31, 2003  
Secretary of State

**Entity Name:** CITY OF MIAMI RETIRED POLICE OFFICERS COMMUNITY BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

6102 N W 7TH AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

6102 N W 7TH AVENUE  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 65-1033308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDEMON, WALTER  
10641 S W 20TH COURT  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DAVIS, OTIS  
Address: 2380 N W 97TH STREET  
City-St-Zip: MIAMI, FL 33147

Title: DV ( ) Delete  
Name: BOYD, HAROLD  
Address: 6102 N W 7TH AVENUE  
City-St-Zip: MIAMI, FL 33127

Title: DV ( ) Delete  
Name: MCKAY, ARCHIE  
Address: 6102 N W 7TH AVENUE  
City-St-Zip: MIAMI, FL 33127

Title: DS ( ) Delete  
Name: MADISON, DAVIE  
Address: 6102 N W 7TH AVENUE  
City-St-Zip: MIAMI, FL 33127

Title: DT (X) Delete  
Name: SMITH, LEROY  
Address: 3241 N W 11TH PLACE  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: DICKSON, CLARENCE  
Address: 12329 SW 249 ST  
City-St-Zip: MIAMI, FL 33032

Title: DS (X) Change ( ) Addition  
Name: TAYLOR, CAROLYN  
Address: 14285 SW 287 ST  
City-St-Zip: LEISURE CITY, FL 33033

Title: DT (X) Change ( ) Addition  
Name: SMITH, LEROY  
Address: 3241 SW 11TH PL  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER HARDEMON

RA

01/31/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date