## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N01000001561

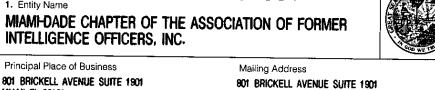
MIAMI FL 33131



**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90089 022 \*\*\*\*61.25

MIAMIDADE CHAPTER OF THE ASSOCIATION OF FORMER INTELLIGENCE OFFICERS, INC.	



MIAM! FL 33131

2. Principal Place of Business 2200 Biscayne Blud Suite, Apt. #, etc.  City & State  2. Principal Place of Business Same = #2 Suite, Apt. #, etc.  City & State			<b>X</b> °	CHECK HERE IF MAKING CHANGES  4. FEI Number 65-1087755  Applied For				
Miam Zip				2	Not Applicable			
33137	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Ac Fee Require	Iditional ed	
<del></del>	6. Name and Address of Current R	egistered Agent	Name	7. Name and Addre	ess of New Registered			
	KELL AVENUE SUITE 1901 33131			ess (P.O. Box Number is No	ot Acceptable)	Zip Coo	Je	
SIGNATURE	named entry, jubmits this statement for tons of registered agent.  Stanture, typed craffinted name in eq. total agent and	Pl4(.)	Explisitered Agent signature recompaign Financing	Migmi	Make Chec	2003 k Payable	to	
10.	OFFICERS AND DIRE	CTORS	11,	ADDITIONS (CHANGE)	TO OFFICERO AND D	IDEOTO DO MA		
NAME STREET ADDRESS	D SPENCER, THOMAS R JR 801 BRICKELL AVENUE SUITE 190 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	STO OFFICERS AND DI	IRECTORS IN ☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D Angleton, James Jr 1371 96TH Street BAY HARBOR ISLANDS FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS	D HEBER, ROBERT A 395 SW 198TH TERRACE PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chānge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

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:

786-473-7000