

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90110 034 \*\*\*\*61.25

**DOCUMENT # N01000005945**

1. Entity Name

**CITY OF MIAMI RETIRED FIRE & POLICE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 268404  
 WESTON FL 33326

POST OFFICE BOX 268404  
 WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

**P.O. Box 011306**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL ~~33101~~**

4. FEI Number

**65-1131629**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33101**

**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

**VINSON, STEPHEN**  
**1200 BRICKELL AVENUE, SUITE #1680**  
**MIAMI FL 33131**

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 STREET ADDRESS CITY-ST-ZIP	PD DOHERTY, PHILIP E 16703 GOLFVIEW DRIVE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAREMKO, EDWARD 4402 SW 88TH AVE. MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, OTIS 2380 NW 97TH ST. MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, LEROY 3241 NW 11TH PL. MIAMI FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMIREZ, HERMINIO JR. 18404 SW 88TH CT. MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COBB, CHARLES 13316 SW 26TH ST. DAVE FL 33325	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N.P.</b> William FARRINGTON 9100 SW 80 AVE MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Philip Doherty** SIGNATURE REQUIRED **DOHERTY** 4/22/02 305 638-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)