

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 031 ****61.25

007/0596

DOCUMENT # NO1000005945

1. Entity Name

CITY OF MIAMI RETIRED FIRE & POLICE ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 268404
WESTON FL 33326

Mailing Address

POST OFFICE BOX 011306
MIAMI FL 33101

2. Principal Place of Business

P.O. Box 011306

3. Mailing Address

P.O. Box 011306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number 65-1131629

Applied For

Not Applicable

Zip

33101

Country

Zip

33101

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOHERTY, PHILIP E	
STREET ADDRESS	16703 GOLFVIEW DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAREMKO, EDWARD	
STREET ADDRESS	4402 SW 88TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIS, OTIS	
STREET ADDRESS	2380 NW 97TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, LEROY	
STREET ADDRESS	3241 NW 11TH PL	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARRINGTON, WILLIAM	
STREET ADDRESS	9100 SW 80	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COBB, CHARLES	
STREET ADDRESS	13316 SW 26TH ST.	
CITY-ST-ZIP	DAVE FL 33325	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DOHERTY - TREAS

4/26/03 349-1200

CR2E037 (10/02)