

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-06-2002 90066 001 \*\*\*\*61.25  
N02000002815

FILED

02 MAY 31 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

1. Entity Name

UNITED STATES MOUNTED POLICE TRAINING GROUP, INC

N02000002815

Principal Place of Business

9301 SW 41 TERR  
MIAMI FL 33165

Mailing Address

9301 SW 41 TERR  
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9301 S.W. 41 Terr.

Suite, Apt. #, etc.

3. Mailing Address

9301 S.W. 41 Terr.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33165

Country  
MIAMI DADA

City & State

Miami, Florida

Zip  
33165

Country  
USA

4. FEJ Number

01-0658781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EADES, WILLIAM  
9301 SW 41 TERR  
MIAMI FL 33185

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May-1, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.  
CAVALLO, JOSEPH V  
3270 HODGES RD  
LOGANVILLE GA 30249

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.D.  
EADES, WILLIAM  
9301 SW 41 TERR  
MIAMI FL 33165

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST.D.  
KESSLER, RUTH  
6598 SW 118 AVE  
MIAMI FL 33183

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowerment.

SIGNATURE:

WILLIAM EADES JR.

05-20-2002

Date

Daytime Phone #

CR2E034 (9/01)