

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34573

1. Entity Name

UNITED STATES NATIONAL MOUNTED POLICE TRAINING C

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90165 007 ****61.25

Principal Place of Business

Mailing Address

9301 SW 41 TERR
MIAMI FL 33165
US

9301 SW 41 TERR
MIAMI FL 33165-5220
US

2. Principal Place of Business

9301 S.W. 41 Terr

Suite, Apt. #, etc.

3. Mailing Address

9301 S.W. 41 Terr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, Florida

4. FEI Number

65-0340315

Applied For

Not Applicable

Zip

33165

Country

MIAMI-DADE

Zip

33165

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EADES, WILLIAM H
9301 SW 41ST TERR
MIAMI FL 33165

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 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

TITLE PD ☐ Delete
NAME CAVALLLO, JOSEPH
STREET ADDRESS 22305 S.W. 103RD AVENUE
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete
NAME KESSLER, RUTH
STREET ADDRESS 6598 S.W. 118TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME EADES, CHERYL
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete
NAME EADES, WILLIAM
STREET ADDRESS 9301 SW 41 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE: *William H Eades*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2000 (305) 223-6250
Date Daytime Phone #

CR2E037 (9/99)