

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90208 014 *****61.25

DOCUMENT # N44100

1. Entity Name

M.B.P.D. RETIREES CORP.

Principal Place of Business

Mailing Address

**999 - 11TH STREET
 MIAMI BEACH FL 33139**

**914 W 66 STREET
 HIALEAH FL 33012
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352549

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BASLER, JOSEPH
 914 W 66 STREET
 HIALEAH FL 33012**

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 PD
 NAME RYAN, PATRICK
 STREET ADDRESS 5830 SW 162 AVE
 CITY-ST-ZIP FT LAUDERDALE FL ☒ Delete

TITLE PD
 NAME WARD, CARL
 STREET ADDRESS 1650 S.W. 71 PLACE
 CITY-ST-ZIP MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE VD
 NAME DRESNER, LOUIS
 STREET ADDRESS 922 SEVILLA COURT
 CITY-ST-ZIP FORT LAUDERDALE FL ☒ Delete

TITLE VD
 NAME BROWNLOW, JOSEPH
 STREET ADDRESS 5301 S.W. 145 AVE
 CITY-ST-ZIP FT. LAUDERDALE, FL ☒ Change ☐ Addition

TITLE SD
 NAME BASLER, JOSEPH
 STREET ADDRESS 914 WEST 66TH STREET
 CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE TD
 NAME WARD, CARL
 STREET ADDRESS 1650 SW 71 PLACE
 CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE TD
 NAME BASLER, JOSEPH
 STREET ADDRESS 914 W. 66 ST.
 CITY-ST-ZIP HIALEAH, FL ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

305 821 5124

CR2E037 (10/00)