

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000964

1. Entity Name

POLICE ATHLETIC LEAGUE OF HIALEAH, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90071 016 ****61.25

Principal Place of Business

Mailing Address

% LT. ALAN APFEL
5555 EAST 8TH AVENUE
HIALEAH FL 33013

% LT. ALAN APFEL
5555 EAST 8TH AVENUE
HIALEAH FL 33013-1342

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

65-0392135

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

APFEL, ALAN
CHIEF, HIALEAH POLICE DEPARTMENT
5555 EAST 8TH AVENUE
HIALEAH FL 33013

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

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

Alan Apfel
(NOTE: Registered Agent signature required when reinstating)

3/15/00
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
D
SIMON, ARTHUR
5555 E 8TH AVENUE
HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDRES, BONNIE
5555 E 8TH AVENUE
HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FUSARO, RICHARD
70 E 7 ST
HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROBINSON, EVELYN
7650 W 8 AVE
HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
APFEL, ALAN
5555 E 8TH AVENUE
HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ANDRES, BONNIE
5555 EAST 8TH AVENUE
HIALEAH, FL 33013 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUMES, KEVIN
5555 EAST 8TH AVENUE
HIALEAH, FL 33013 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NANCY CUEVAS
664 SE 8 PLACE
HIALEAH, FL 33010 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

ALAN APFEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 (305) 953-5200
Date Daytime Phone #