

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000000964**

1. Entity Name

**POLICE-ATHLETIC LEAGUE OF HIALEAH, INC.****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90185 037 \*\*\*\*70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

ALAN APFEL

alan apfel

1/19/2001

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMON, ARTHUR  
5555 E 8TH AVENUE  
HIALEAH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ANDRES, BONNIE  
5555 E 8TH AVENUE  
HIALEAH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUMES, KEVIN  
5555 E 8TH AVENUE  
HIALEAH FL 33013 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
APFEL, ALAN  
5555 E 8TH AVENUE  
HIALEAH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CURVAS, NANCY  
664 SE 8 PL  
HIALEAH FL 33010 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001 (305) 953-5251

Date

Daytime Phone #

CR2E037 (10/00)