

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90040 009 ***61.25

DOCUMENT # N93000003658

1. Entity Name

NORTH MIAMI BEACH POLICE OFFICERS ASSOCIATION, I

Principal Place of Business

16901 NE 19 AVE
N MIAMI BCH FL 33162
US

Mailing Address

2960 AVENTURA BLVD
AVENTURA FL 33180-3103
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

65-0402410

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

FOGELGREN, DEIDRE
2960 AVENTURA BLVD
AVENTURA FL 33180

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SILBERMAN, RICHARD**
STREET ADDRESS **16901 NE 19TH AVE**
CITY-ST-ZIP **N MIAMI BCH FL 33162**

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

TITLE **VPD** ☐ Delete
NAME **MAUER, MICHAEL**
STREET ADDRESS **2960 AVENTURA BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **SD** ☐ Delete
NAME **GOMER, LARRY**
STREET ADDRESS **16901 NE 19 AVE**
CITY-ST-ZIP **N MIAMI BCH FL**

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

TITLE **TRES** ☐ Delete
NAME **FOGELGREN, DEIDRE A**
STREET ADDRESS **2960 AVENTURA BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete
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NAME ☐ Change ☐ *
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CITY-ST-ZIP ☐ Change ☐ *

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deidre Fogelgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00
Date

305 466898
Daytime Phone #