

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90088 045 ****61.25

DOCUMENT # N95000005621

1. Entity Name

BROWARD POLICE OFFICER ASSISTANCE TRUST, INC.

Principal Place of Business

Mailing Address

2801 CORAL SPRINGS DRIVE
 CORAL SPRINGS FL 33065

2801 CORAL SPRINGS DRIVE
 CORAL SPRINGS FL 33065-3825

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

65-0646114

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

ARIGO, ROY
2801 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

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

4-11-00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ARIGO, ROY	2801 CORAL SPRINGS DRIVE	CORAL SPRINGS FL 33065	PRESIDENT / TREASURER	ARIGO, ROY	2801 CORAL SPRINGS DRIVE	CORAL SPRINGS, FL 33065
VD	WAGNER, KENNETH	100 S.W. 4TH STREET	HALLANDALE FL 33009	VICE PRESIDENT / SECRETARY	MARTIN RAHINSKY	2601 W. BROWARD BLVD.	FT. LAUDERDALE, FL 33312
SD	KENNETH, STEPHEN	524 N.E. 21ST COURT	WILTON MANORS FL 33305				
TD	RAHINSKY, MARTIN	9500 PINES BLVD.	PEMBROKE PINES FL 33026				

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 #

4-11-00

(954) 346-1201

CR2E037 (9/99)