

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90143 013 ****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

89299

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

NOT APPLICABLE

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

ARIGO, ROY
2801 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

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 **ARIGO, ROY**
 STREET ADDRESS **2801 CORAL SPRINGS DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PRESIDENT + TREASURER** ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **TD**
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **WAGNER, KENNETH**
 STREET ADDRESS **100 S.W. 4TH STREET**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **SD** ☒ Delete
 NAME **KENNETH, STEPHEN**
 STREET ADDRESS **524 N.E. 21ST COURT**
 CITY-ST-ZIP **WILTON MANORS FL 33005**

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

TITLE **TD** ☐ Delete
 NAME **RAHENSKY, MARTIN**
 STREET ADDRESS **9600 PINES BLVD.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VICE PRESIDENT + SECRETARY** ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **SD**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ANDY DANIELS**
 STREET ADDRESS **2457 E. COMMERCIAL BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Roy Arigo

4-12-02

954-346-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)