

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000737

1. Entity Name

POLICE ATHLETIC LEAGUE OF FLORIDA CITY, FLORIDA, INC.

Principal Place of Business

Mailing Address

404 W. PALM DR  
FLORIDA CITY FL 33034

404 W. PALM DR  
FLORIDA CITY FL 33034

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

65-0762205

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

ELIAS, MARC JR  
404 W. PALM DR  
FLORIDA CITY FL 33034

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.

Chief Marc Elias, Jr.

1/08/02

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 ELIAS, MARC  
STREET ADDRESS 404 W. PALM DR  
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE VD ☐ Delete  
NAME TAYLOR, STEVEN  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE VD ☐ Delete  
NAME TAYLOR, PEDRO  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE VD ☐ Delete  
NAME RAMIREZ, NICHELLE  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE VD ☐ Delete  
NAME COOPER, WILLIAM  
STREET ADDRESS 404 WEST PALM DR  
CITY-ST-ZIP HOMESTEAD FL 33034

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

TITLE VD ☐ Delete  
NAME CRISSIEN, SANDRA M  
STREET ADDRESS 404 WEST PALM DR  
CITY-ST-ZIP HOMESTEAD FL 33034

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.

Chief Marc Elias, Jr.

1/08/02

305-247-8223

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90154 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE