

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90172 032 ****61.25

DOCUMENT # N96000000737

1. Entity Name

POLICE ATHLETIC LEAGUE OF FLORIDA CITY, FLORIDA, INC.



Principal Place of Business

**404 W. PALM DR
FLORIDA CITY FL 33034**

Mailing Address

**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

4. FEI Number **65-0762205**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Pedro Taylor**

Street Address (P.O. Box Number is Not Acceptable)
404 West Palm Drive

City

Florida City

FL

Zip Code

33034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

01-14-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, MARC	
STREET ADDRESS	404 W. PALM DR	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, STEVEN	
STREET ADDRESS	404 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, PEDRO	
STREET ADDRESS	404 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMIREZ, NICHELLE	
STREET ADDRESS	404 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOPER, WILLIAM	
STREET ADDRESS	404 WEST PALM DR	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CRISSIEN, SANDRA M	
STREET ADDRESS	404 WEST PALM DR	
CITY-ST-ZIP	HOMESTEAD FL 33034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, in all other like empowered.

SIGNATURE:

Michelle Ramirez

(305) 247-8223

CR2E037 (10/02)