## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # N9700000040 Jul 31, 2000 8:00 am 1. Entity Name **Secretary of State** NORTH MIAMI BEACH POLICE EMPLOYEES ASSOCIATION, 07-31-2000 90005 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 16300 N.E. 19 AVE 16300 N.E. 19 AVE #103 NO MIAMI BEACH FL 33162-4879 NO MIAMI BEACH FL 33162 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0732697 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSENTHAL, KERRY E 2875 NE 191 STREET STE 500 **AVENTURA FL 33180** City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STURTZ, ALFRED D STREET ADDRESS STREET ADDRESS 16315 W 21 STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Change ☐ Addition TITLE Delete TITI F NAME MORRIS. STEVE NAME STREET ADDRESS STREET ADDRESS 16901 NE 19 AVE CITY-ST-7IP CiTY\_ST\_7IP NO MIAMI BEACH FL 33162 TITLE ☐ Delete TITLE Change ☐ Addition NAME - -- -NAME: KATERMAN, KATHY STREET ADDRESS STREET ADDRESS 16901 NE 19 AVE CITY-ST-ZIE CITY-ST-ZIP n miami beach fi TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, w