

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90073 016 ****61.25

DOCUMENT # N98000004522

1. Entity Name

NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

N. MIAMI POLICE DEPT.
 700 NE 124TH ST.
 N. MIAMI FL 33161

12555 BISCAYNE BLVD., BOX 450
 N. MIAMI FL 33181-2522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0845956

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

JOHNSON, NIEL F
N. MIAMI POLICE DEPT.
700 NE 124TH ST.
N. MIAMI FL 33161

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	P	<input checked="" type="checkbox"/> Delete
NAME	SCHLEMOVITZ, DAVID	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOMIE, BARRY	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, STACINA	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, NIEL	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CUEVAS, NEAL	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, GARY	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROYE, SCOTT	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASAS, MARIA-CRISTINA	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STACINA	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NIEL	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRAND, DAVID	
STREET ADDRESS	700 NE 124 ST	
CITY-ST-ZIP	N. MIAMI, FL 33161	
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, with all other like empowered.

SIGNATURE: *NIEL F JOHNSON* 02/00 305-542-3739
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)