

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90075 014 ****61.25

DOCUMENT # N98000004522

1. Entity Name

NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**12555 BISCAYNE BLVD.. BOX 450
 N. MIAMI FL 33181**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 CROYE, SCOTT
 700 NE 124 ST
 N. MIAMI FL 33161** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 TIMOTHY LITTLEFIELD
 700 NE 124 ST
 N. MIAMI, FL 33161** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 KOMIE, BARRY
 700 NE 124 ST
 N MIAMI FL 33161** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 PATRICIA BAQUEDANO
 700 NE 124 ST
 N. MIAMI, FL 33161** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 JONES, STACINA
 700 NE 124 ST
 N MIAMI FL 33161** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 WALTER SIDD
 700 NE 124 ST
 N. MIAMI, FL 33161** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 JOHNSON, NIEL
 700 NE 124 ST
 N MIAMI FL 33161** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 CUEVAS, NEAL
 700 NE 124 ST
 N MIAMI FL 33161** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 CUNNINGHAM, GARY
 700 NE 124 ST
 N MIAMI FL 33161** ☒ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NIEL F. JOHNSON

Date

Daytime Phone #

0430 01 305 8910294

Ext. 3218

CR2E037 (10/00)