

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90371 035 \*\*\*\*61.25

**DOCUMENT # N99000003128**

1. Entity Name

**POLICE AND FIRE COMMAND STAFF ORGANIZATION OF TH**



Principal Place of Business

407 LINCOLN RD.,PH-SE  
 MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN RD.,PH-SE  
 MIAMI BEACH FL 33139

2. Principal Place of Business

800 West Ave.

3. Mailing Address

800 West Ave.

Suite, Apt. #, etc.

Apt. 611

Suite, Apt. #, etc.

Apt. 611

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

None

Zip

33139

Country

None



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

N99000003128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWITKES, ROBERT L  
 407 LINCOLN RD.,PH-SE  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name - Patricia Schneider

Street Address (P.O. Box Number is Not Acceptable)

800 West Avenue

Apt. 611

City

Miami Beach

FL

Zip Code

33139

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

Patricia Schneider

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DP                    | <input type="checkbox"/> Delete            |
| NAME           | SCHNEIDER, PATRICIA   |  |
| STREET ADDRESS | 407 LINCOLN RD.,PH-SE |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          | DS                    | <input type="checkbox"/> Delete            |
| NAME           | MONTGOMERY, ROBERT    |  |
| STREET ADDRESS | 407 LINCOLN RD.,PH-SE |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DELFAVERO, ED         |  |
| STREET ADDRESS | 407 LINCOLN RD.,PH-SE |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SCHNEIDER Patricia    |  |
| STREET ADDRESS | 800 West Ave #611     |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          | DVP                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MONTGOMERY, Robert    |  |
| STREET ADDRESS | 800 West Ave Apt 611  |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mace James            |  |
| STREET ADDRESS | 800 West Ave Apt. 611 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| TITLE          | DS                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | White, Russell        |  |
| STREET ADDRESS | 800 West Ave Apt. 611 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139  |  |
| 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    |                       |  |

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:

Patricia Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(305)

531-4460

Daytime Phone #

CR2007 (10/00)