

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004605

1. Entity Name

FRATERNAL ORDER OF POLICE, HIALEAH LODGE #12, IN

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90171 024 ****61.25

0043208

Principal Place of Business

10680 NW 25 ST.
MIAMI FL 33172

Mailing Address

10680 NW 25 ST.
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLODGY, RICHARD
10680 NW 25 ST.
MIAMI FL 33172

7. Name and Address of New Registered Agent

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

TITLE PD
NAME KOLODGY, RICHARD ☐ Delete
STREET ADDRESS 10680 NW 25 STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE VD
NAME RIVERA, JOHN ☐ Delete
STREET ADDRESS 10680 NW 25 STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME NEWMAN, PETER ☐ Delete
STREET ADDRESS 10680 NW 25 STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME BEDAL, RAY ☐ Delete
STREET ADDRESS 10680 NW 25 STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED John Rivera

4-16-01

305-593-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)