

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 044 ***150.00

DOCUMENT # P01000045424

1. Entity Name
POLICE K-9 TRAINING INSTITUTE, INC.

Principal Place of Business

**PO BOX 5261
FT LAUDERDALE FL 33310**

Mailing Address

**PO BOX 5261
FT LAUDERDALE FL 33310**

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

65-1143066

Applied For

Not Applicable

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

**GONZALEZ, OSCAR M
169 SW 159TH WAY
SUNRISE FL 33326**

Name **OSCAR GONZALEZ**

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

1130 NW 75 TERRACE

City **PLANTATION**

FL

Zip Code **33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

OSCAR GONZALEZ SECRETARY/REGISTERED AGENT 8/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **JONATHAN APPEL**
STREET ADDRESS **8826 NW 21 ST**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **KENNETH KELLEY**
STREET ADDRESS **1831 NG 41 STREET**
CITY-ST-ZIP **OAKLAND PARK, FL 33308**

TITLE **SECRETARY** ☐ Delete
NAME **OSCAR GONZALEZ**
STREET ADDRESS **1130 NW 75 TERRACE**
CITY-ST-ZIP **PLANTATION, FL 33313**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JONATHAN APPEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02

Date

954-818-2440

Daytime Phone #

CR2E034 (4/02)

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