

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90869 037 ***158.75

DOCUMENT # P01000085825

1. Entity Name
MIAMI-DADE POLICE SUPPLY, INC.

Principal Place of Business
2701 SOUTH BAYSHORE, SUITE 602
COCONUT GROVE FL 33133-5360

Mailing Address
2701 SOUTH BAYSHORE, SUITE 602
COCONUT GROVE FL 33133-5360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1550 N.W 79 Avenue
 Suite, Apt. #, etc.

3. Mailing Address
1550 N.W 79 Avenue
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
6511 34754

Applied For
☐ Not Applicable

Zip
33126 Country
USA

Zip
33126 Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGMEISTER, RICHARD
2701 SOUTH BAYSHORE, SUITE 602
COCONUT GROVE FL 33133-5360

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 _____ (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SIEGMEISTER, RICHARD
STREET ADDRESS	2701 SOUTH BAYSHORE, SUITE 602
CITY-ST-ZIP	COCONUT GROVE FL 33133-5360
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT SECRETARY-T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALYANDRIS ROJAS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CESAR A ZEPEDA M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 305 4688851

Date Daytime Phone #

CR2E034 (9/01)