

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703984

**Entity Name:** MIRAMAR POLICE BENEVOLENT ASSOCIATION INC.

**Current Principal Place of Business:**

11765 CITY HALL PROMENADE  
MIRAMAR, FL 33025

**Current Mailing Address:**

PO BOX 278062  
MIRAMAR, FL 33027 US

**FEI Number:** 65-0013773

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLOOM, JARED  
11765 CITY HALL PROMENADE  
MIRAMAR, FL 33025 US

*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:** JARED BLOOM

03/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CRUZ, ISRAEL  
Address 11765 CITY HALL PROMENADE  
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY  
Name AMENGOR, JESSICA  
Address 11765 CITY HALL PROMENADE  
City-State-Zip: MIRAMAR FL 33025

Title TREASURER  
Name BLOOM, JARED  
Address 11765 CITY HALL PROMENADE  
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT  
Name MENDOZA, OSCAR  
Address 11765 CITY HALL PROMENADE  
City-State-Zip: MIRAMAR FL 33025

Title SERGEANT AT ARMS  
Name CASTELLANOS, DAMIAN  
Address 11765 CITY HALL PROMENADE  
City-State-Zip: MIRAMAR FL 33025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JARED BLOOM

**TREASURER**

03/10/2025

Electronic Signature of Signing Officer/Director Detail

Date