

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44100

Entity Name: M.B.P.D. RETIREES CORP.**Current Principal Place of Business:**5701 SW 134 AVE
SOUTHWEST RANCHES, FL 33330**Current Mailing Address:**5701 S.W. 134 AVENUE
SOUTHWEST RANCHES, FL 33330 US**FEI Number:** 65-0352549**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SERAYDAR, CHARLES
5701 SW 134 AVE
S.W. RANCHES, FL 33330 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	APRILE, VINCENT
Address	200 N.W. 121 AVENUE
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VP
Name	VESKI, LYNDA
Address	3350 S.W. 131 TERRACE
City-State-Zip:	DAVIE FL 33330

Title	TD
Name	SERAYDAR, CHARLES
Address	5701 S.W. 134 AVENUE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	SD
Name	REDRUELLO, ROSA
Address	9615 SW 48TH ST
City-State-Zip:	MIAMI FL 33165

Title	TRUSTEE
Name	JENKINS, ROBERT
Address	5701 S.W. 134 AVENUE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

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: CHARLES SERAYDAR

T/D

01/17/2023

Electronic Signature of Signing Officer/Director Detail_____
Date