

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000006562

**Entity Name:** MIAMI DADE COUNTY POLICE BENEVOLENT ASSOCIATION, INC.

**FILED**  
**May 14, 2021**  
**Secretary of State**  
**6327987122CC**

**Current Principal Place of Business:**

10680 N.W. 25 STREET  
3RD FLOOR  
DORAL, FL 33172

**Current Mailing Address:**

10680 N.W. 25 STREET  
3RD FLOOR  
DORAL, FL 33172 UN

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

AXELRAD, ANDREW  
10680 NW 25 STREET  
3RD FLOOR  
DORAL, FL 33172 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: ANDREW AXELRAD**

**05/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STAHL, STEADMAN  
Address 10680 NW 25TH STREET  
City-State-Zip: DORAL FL 33172

Title VPD  
Name GREENWELL, DAVID A.  
Address 10680 NW 25TH STREET  
City-State-Zip: DORAL FL 33172

Title VPD  
Name ISHMAEL, NIZAM  
Address 10680 NE 25TH STREET  
City-State-Zip: DORAL FL 33172

Title T  
Name LAWSON, JERMAINE  
Address 10680 NW 25 STREET  
City-State-Zip: DORAL FL 33172

Title D  
Name MUNOZ, ALEJANDRO  
Address 10680 NW 25 STREET  
City-State-Zip: DORAL FL 33172

Title SECRETARY  
Name VALDES, JENNIFER  
Address 10680 NW 25 STREET  
City-State-Zip: DORAL FL 33172

*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: STEADMAN STAHL**

**PRESIDENT**

**05/14/2021**

