

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90009 012 \*\*\*\*70.00

**DOCUMENT # 733323**  
 1. Entity Name  
**CITIZEN'S CRIME WATCH OF MIAMI-DADE COUNTY, INC.**

Principal Place of Business <b>1515 N. W. 79TH AVENUE MIAMI FL 33126</b>	Mailing Address <b>1515 N. W. 79TH AVENUE MIAMI FL 33126-1103</b>
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1629766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>JOHNSON, ELLEN 1515 NW 79 AVENUE MIAMI FL 33126</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 *Ellen Johnson* **Ellen Johnson, Chairperson** **April 27, 2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HELLER, IRVING</b>		NAME <b>Heller, Irving</b>	
STREET ADDRESS <b>9105 N.W. 25TH ST.</b>		STREET ADDRESS <b>9105 N.W. 25th Street, MDPD</b>	
CITY-ST-ZIP <b>MIAMI FL 33172</b>		CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>VPTD</b>	<input type="checkbox"/> Delete	TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALVAREZ, CARLOS</b>		NAME <b>Carlos Alvarez</b>	
STREET ADDRESS <b>9105 N.W. 25TH ST.</b>		STREET ADDRESS <b>9105 N.W. 25th Street, MDPD</b>	
CITY-ST-ZIP <b>MIAMI FL 33172</b>		CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> Delete	TITLE <b>2nd Vice President/Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARTE, SAMUEL</b>		NAME <b>Samuel Harte</b>	
STREET ADDRESS <b>P.O. BOX 561775</b>		STREET ADDRESS <b>P.O. BOX 561775</b>	
CITY-ST-ZIP <b>MIAMI FL 33256</b>		CITY-ST-ZIP <b>Miami, FL 33256-1775</b>	
TITLE <b>VPSD</b>	<input type="checkbox"/> Delete	TITLE <b>3rd Vice President/Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PROBY, LUCIEN III</b>		NAME <b>Lucien C. Proby, III</b>	
STREET ADDRESS <b>7300 N. KENDALL DR. , #519</b>		STREET ADDRESS <b>7300 N. Kendall Drive, Miami, FL 33156</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>		CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>CP</b>	<input type="checkbox"/> Delete	TITLE <b>Ellen Johnson</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, ELLEN</b>		NAME <b>Chairperson</b>	
STREET ADDRESS <b>1515 N.W. 79 AVE.</b>		STREET ADDRESS <b>1515 NW 79th Ave, Miami, FL 33126</b>	
CITY-ST-ZIP <b>MIAMI FL 33126</b>		CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Johnson* **REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)