

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90001 040 ****70.00

0042664

DOCUMENT # N22640

1. Entity Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

11300 N.W. 27TH AVE
 ROOM #3240
 MIAMI FL 33167
 US

11380 NW 27TH AVE #1389
 ROOM #3240
 MIAMI FL 33167
 US

Delete

034000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11380
 Suite, Apt. #, etc.

Room 3240
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0004103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACKERS, TYRONE K.
 2220 N.W. 189TH TERR
 MIAMI FL 33056

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME TURNER, WILLIAM H
 STREET ADDRESS 20840 SAN SIMEON WAY 702
 CITY-ST-ZIP MIAMI FL 33179

TITLE PD Change Addition
 NAME ZAND, DR LLOYD
 STREET ADDRESS 10501 SNAPPER LREEK ROAD
 CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ED Delete
 NAME BACKERS, TYRONE K.
 STREET ADDRESS 2220 N.W. 189TH TERR
 CITY-ST-ZIP MIAMI FL 33056

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME JACKSON, DENNIS D REV
 STREET ADDRESS PO BOX 69-4224
 CITY-ST-ZIP MIAMI FL 33269

TITLE VPD Change Addition
 NAME LERO, SUSAN
 STREET ADDRESS 11380 N.W. 27TH AVENUE, ROOM 1173
 CITY-ST-ZIP MIAMI, FL 33167

TITLE T Delete
 NAME GIORGI, ELMO
 STREET ADDRESS 8035 SW 107TH AVENUE 114
 CITY-ST-ZIP MIAMI FL 33173

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME PINKSTON, MARTY
 STREET ADDRESS 15800 N.W. 42ND AVENUE
 CITY-ST-ZIP OPA LOCKA FL 33054

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *SIGNATURE OF TYRONE K. BACKERS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01
 Date

Daytime Phone #

CR2E037 (10/00)