

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90002 050 ****61.25

DOCUMENT # 731626

1. Entity Name

CHILDREN'S CRUSADE FOR PEACE, INC.

Principal Place of Business

**2000 N.E. 55TH ST.
FT. LAUDERDALE FL 33308**

Mailing Address

**2000 N.E. 55TH ST.
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1980547

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANSEN, PHILIP PA
1749 N E 26TH ST STE E
WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name
CARMEN M. MONACOStreet Address (P.O. Box Number is Not Acceptable)
2000 N.E. 55th StreetCity
Ft. Lauderdale**FL**Zip Code
33308

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)

4/19/01

DATE

**FILE NOW:
FEE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MONACO, CARMEN M
2000 NE 55TH ST
FT LAUDERDALE, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CERAVOLO, FRANK J
1971 E COMMERCIAL BLVD
FT LAUDERDALE, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MONACO, ROBERT
7625 N.W. 79TH AVE#202
TAMARAC FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)