

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733323

1. Entity Name

CITIZEN'S CRIME WATCH OF MIAMI-DADE COUNTY, INC.

Principal Place of Business

1515 N. W. 79TH AVENUE  
MIAMI FL 33126

Mailing Address

1515 N. W. 79TH AVENUE  
MIAMI FL 33126-1103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, ELLEN  
1515 NW 79 AVENUE  
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 *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

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 PD ☐ Delete  
NAME HELLER, IRVING  
STREET ADDRESS 9105 N.W. 25TH ST.  
CITY-ST-ZIP MIAMI FL 33172

TITLE VPTD ☐ Delete  
NAME ALVAREZ, CARLOS  
STREET ADDRESS 9105 N.W. 25TH ST.  
CITY-ST-ZIP MIAMI FL 33172

TITLE VPT ☐ Delete  
NAME HARTE, SAMUEL  
STREET ADDRESS P.O. BOX 561775  
CITY-ST-ZIP MIAMI FL 33256

TITLE VPSD ☐ Delete  
NAME PROBY, LUCIEN III  
STREET ADDRESS 7300 N. KENDALL DR. , #519  
CITY-ST-ZIP MIAMI FL 33156

TITLE CP ☐ Delete  
NAME JOHNSON, ELLEN  
STREET ADDRESS 1515 N.W. 79 AVE.  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☐ Addition  
NAME Heller, Irving  
STREET ADDRESS 9105 N.W. 25th Street, MDPD  
CITY-ST-ZIP Miami, FL 33172

TITLE Vice President ☐ Change ☐ Addition  
NAME Carlos Alvarez  
STREET ADDRESS 9105 N.W. 25th Street, MDPD  
CITY-ST-ZIP Miami, FL 33172

TITLE 2nd VicePresident/Treasurer ☐ Change ☐ Addition  
NAME Samuel Harte  
STREET ADDRESS P.O. BOX 561775  
CITY-ST-ZIP Miami, FL 33256-1775

TITLE 3rd Vice President/Secretary ☐ Change ☐ Addition  
NAME Lucien C. Proby, III  
STREET ADDRESS 7300 N. Kendall Drive, Miami, FL 33156

TITLE Ellen Johnson ☐ Change ☐ Addition  
NAME Chairperson  
STREET ADDRESS 1515 NW 79th Ave, Miami, FL 33126

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: *Ellen Johnson* REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1629766 Applied For  
Not Applicable

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

CR2E037 (9/99)