2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2000 8:00 am Secretary of State DOCUMENT # **751569** 1. Entity Name NORTH MIAMI BEACH CRIME WATCH. INC. 02-02-2000 90110 045 ****70.37 Principal Place of Business Mailing Address 16901 NORTHEAST 19TH AVE 16901 NORTHEAST 19TH AVE NORTH MIAMI BEACH FL 33162-3112 NORTH MIAMI BEACH FL 33162-3109 DODOTODO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2013576 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARNEY, TOM 16901 NE 19TH AVE N MIAMI BCH FL 33162 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete Change ☐ Addition TITLE TITLE CARNEY, TOM NAME STREET ADDRESS STREET ADDRESS 16901 NE 19 AVE CITY-ST-ZIP CITY-ST-ZIF n miami BCH Fl SD ☐ Addition Change TIT! F Delete TITLE MAGILL; ALICE REYES, NELSON NAME NAME 16901 NE 19 AVE STREET ADDRESS STREET ADDRESS 16901 NE 19 AVE CITY-ST-ZIP CITY-ST-ZIP N. MIAMI B. Ch N-MIAMI-BCH FL-Change Addition TD TITLE X Delete TITLE ΤīD GENOVA, LAURA BAVER, WAYNE 16901 NE 19AVE NAME NAME STREET ADDRESS STREET ADDRESS 16501 NE 19 AVE CITY-ST-ZIE CITY-ST-ZIP NORTH MIAMI BEACH FL Change ☐ Addition Delete TITLE TITLE MARION, MARCIA NAME NAME STREET ADDRESS STREET ADDRESS 16901 NE 19 AVE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ Addition TITLE Delete TITLE ☐ Change 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 applicass, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oelete

HOMAS CARNEY 1-4-00 9

Daytime Phone #

☐ Change

Addition
