

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90065 023 ****61.25

DOCUMENT # 753606

1. Entity Name

CORAL GABLES CITIZENS CRIME WATCH, INC.

Principal Place of Business

**2801 SALZEDO ST.
 CORAL GABLES FL 33134**

Mailing Address

**2801 SALZEDO ST.
 CORAL GABLES FL 33134**

622378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2023898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THWING, JOHN
 1406 LISBON ST
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

David Mitchell

Street Address (P.O. Box Number is Not Acceptable)

2655 Le Jeune Road Suite 1001

Coral Gables.

City

FL

Zip Code
33134

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

David Mitchell

January 14, 2002

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 **THOMSON, JOHN**
 STREET ADDRESS **370 MINORCA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD** ☒ Delete
 NAME **THWING, JOHN**
 STREET ADDRESS **1406 LISBON ST**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
 NAME **COOPER, WILLIAM**
 STREET ADDRESS **200 WASHINGTON DR.**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **VPD** ☐ Delete
 NAME **MITCHELL, DAVID**
 STREET ADDRESS **2655 LEJEUNE RD, SUITE 1001**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Mitchell, David**
 STREET ADDRESS **2655 Le Jeune Road Suite 1001**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Cooper, William**
 STREET ADDRESS **P.O. Box 141041**
 CITY-ST-ZIP **Coral Gables, FL 33133**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Robertson, Chuck, Rev.**
 STREET ADDRESS **1417 Tunis Street**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Hornik, Bruce**
 STREET ADDRESS **237 Miracle Mile**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
 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: **DAVID B. MITCHELL**

JANUARY 14, 2002 (305) 461-5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)