

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758435

1. Entity Name

CITIZENS CRIME WATCH OF PEMBROKE PINES, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90026 039 ****61.25

Principal Place of Business 10100 PINES BLVD 501 NW 103 AVE 2ND FLOOR PEMBROKE PINES FL 33026 - 3924 US	Mailing Address 10100 PINES BLVD 501 NW 103 AVE 2ND FLOOR PEMBROKE PINES FL 33026 - 3924 US
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2. Principal Place of Business 501 N.W. 103 AVE Suite, Apt. #, etc.	3. Mailing Address 501 N.W. 103 AVE Suite, Apt. #, etc.
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City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
Zip 33026	Zip 33026
Country US	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1898808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASSER, GLORIA 10100 PINES BLVD 501 N.W. 103 AVE 2ND FLOOR PEMBROKE PINES FL 33026	
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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD GOMEZ, WANDA 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERLE HALL 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, BUDDY 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERTEL, BARBARA 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTD GLASSER, GLORIA 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SAM 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANTON, SANDRA 10100 PINES BLVD 501 N.W. 103 AVE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GLORIA GLASSER **GLORIA GLASSER** **4/30/02** **954-435-6528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)