## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 763386** 1. Entity Name CRIME STOPPERS OF MIAMI-DADE COUNTY, INC. Principal Place of Business Mailing/Address 9105 NW 25 ST., ROOM 1040 9105 NW 25 ST., ROOM 1040 MIAMI FL 33172 MIAMI FL 33172-1500 2. Principal Place of Business 3. Mailing Address

## **FILED** Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90050 026 \*\*\*\*61.25



SWAN, EDWARD P 2701 LEJEUNE ROAD SURTES 440, CITY NATIONAL BANK BUILDING CORAL GABLES FL 33134  THE ADDRESSE FLORES SIDE SHOULDING CORRECTIONS IN 10  OFFICERS AND DIRECTORS TITLE MAKE STREE AUGRESS OFFI-ST-79  TITLE MAKE STREE AUGRES												
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SWAN, EDWARD P 2701 LEJEUNE ROAD SITE 340, COTT NATIONAL BANK BUILDING CORAL GABLES FL 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    SUMMAN, EDWARD P						•		59-2214818			Not Applicable	
SWAN, EDWARD P 2701 LEJEUNE ROAD SUITE 340, CITY NATIONAL BANK BUILDING CORAL GABLES FI. 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    FILE NOW:	Zip Country Zip					try	5. Certificate					
SWAN, EDWARD P 2701 LEJEUNE ROAD SUITE 440, CITY NATIONAL BANK BUILDING CORAL GABLES FL 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    Signature   Signatu		6. Name and Addres	s of Current Register	ed Agent			7. Name and	Address of New R	egistered	Agent		
SYMAN, EDWARD P Z701 LEEJEURE ROAD SUITE 340, CITY NATIONAL BANK BUILDING CORAL GABLES FL 33134  8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the state of Florida.  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SULLIVAN, JACK STREET AUDRESS 910S NW 2S ST WARM FL 33172  TITLE VCD Delete Trust VCD Delete Trust NAME SIRET AUDRESS OTTY-ST-2P TOTAL NAME SIRET						Name						
SIGNATURE  8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature, hyper or printed name of registered dignet and other is applicable.   (NOTE Flee above Agent registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent and other is applicable.   (NOTE Flee above Agent registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent and other is applicable.   (NOTE Flee above Agent registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent and other is applicable.   (NOTE Flee above Agent registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent, or both, in the state of Florida.    Signature, hyper or printed name of registered agent or printed name of Roth state of Florida.   Signature, hyper or printed name of Roth stat						Street Address (P.O. Box Number is Not Acceptable)						
ECRAL GABLES FL 33134  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Signatum, typed of prised rame of registered agent and the if applicable.   (NOTE Registered Agent septature organized when vertrating)   DATE												
SIGNATURE    Signature						City ■ Zip Code						
SIGNATURE    FILE NOW: FEE IS \$61.25   P. Election Campaign Financing Trust Fund Contribution.   S\$,00 May Be Added to Fees   Make Check Payable to Department of State	CORAL GA	ABLES FL 33134								-		
TITLE	SIGNATURE _	Signature, typed or printed name o	fregistered agent and title if ap	plicable. (NOT	TE: Registered	Agent signature ri	equired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
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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 suppliemental 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 direct	12 I hereby o	ertify that the information	supplied with this filing	does not qualify fo	or the exem	ntion stated	in Section 119 07/31/	i). Florida Statutes I	further ce	rtify that the	information	

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 altachment with an address with all other like empowered.

**SIGNATURE**