

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90018 001 ****61.25

DOCUMENT # 763386

1. Entity Name

CRIME STOPPERS OF MIAM-DADE COUNTY, INC.

Principal Place of Business

Mailing Address

**8181 NORTHWEST STREET SUITE #5D
MIAMI FL 33166**

**PO BOX 66-8290
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2214818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWAN, EDWARD P
2701 LEJEUNE ROAD
SUITE 340, CITY NATIONAL BANK BUILDING
CORAL GABLES FL 33134**

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JACK	
STREET ADDRESS	8181 NORTHWEST 38TH STREET SUITE #5D	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWAN, EDWARD P	
STREET ADDRESS	2701 LEJEUNE RD #340	
CITY-ST-ZIP	CORAL GABLES-FL-33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VINA, GEORGE	
STREET ADDRESS	255 ALHAMBRA CIRCLE #715	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT J	
STREET ADDRESS	8181 NORTHWEST 36TH STREET SUITE #21A	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ITURRIOZ, TED	
STREET ADDRESS	9825 SOUTHWEST 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POORMAN, JOHN	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE	D=Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mimi Sutherland	
STREET ADDRESS	3114 Mary ST	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	TD= Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed. Morris	
STREET ADDRESS	220 Alhambra, 10th Floor	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poorman, John	
STREET ADDRESS	25 W. Flagler ST	
CITY-ST-ZIP	Miami, FL 33130	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 305/471-6160

Date

Daytime Phone #

CR2E037 (9/01)