

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90322 016 *****61.25

DOCUMENT # N00000004407

1. Entity Name

CHILDREN'S CRIME PREVENTION ASSOCIATION OF DADE

Principal Place of Business

Mailing Address

4143 SW 74TH COURT
 SUITE F
 MIAMI FL 33155

4143 SW 74TH COURT
 SUITE F
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

8181 N.W. 36 ST.

P.O. BOX 650908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 1003 & 1005.

City & State

City & State

MIAMI, FLORIDA.

MIAMI, FLORIDA.

Zip

Country

Zip

Country

USA

33265-0908 USA

4. FEI Number

Applied For

651026065

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

SHAPOVALOV, INNA
 THE LAW OFFICES OF INNA SHAPOVALO, P.A.
 16300 NE 19TH AVE. SUITE 250
 NORTH MIAMI BEACH FL 33162

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

Eneida Daubar (Director)

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	☐ Delete
NAME	DAUBAR, ENEIDA	
STREET ADDRESS	4143 SW 74TH COURT, 8181 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33155 # 1003 MIA, FL 33166	
TITLE	D	☐ Delete
NAME	DAUBAR, HECTOR	
STREET ADDRESS	4143 SW 74TH COURT, 8181 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33155 # 1003 MIA, FL 33166	
TITLE	D	☐ Delete
NAME	BORGES, DIANA	
STREET ADDRESS	4143 SW 74TH COURT, 8181 N.W. 36 ST	
CITY-ST-ZIP	MIAMI FL 33155 # 1003 MIA, FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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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: Eneida Daubar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2001 (305)594-3802

Date Daytime Phone #

CR2E037 (10/00)