2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-09-2002 90017 011 ****70.00

39049

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000004407

1. Entity Name
CHILDREN'S CRIME PREVENTION ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
8051 NW. 36 ST SUITE #622 MIAMI, FLORIDA 33166	P.O. BOX 650908 MIAMI, FLORIDA 33265-0908

2. Principal Place of Business	3. Mailing Address
8051 NW 36 STREET	P.O. BOX 650908
Suite, Apt. #, etc.: SUITE # 622	Suite, Apt. #, etc.:
City & State: MIAMI, FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166 Country: U.S.A.	Zip: 33265-0908 Country: USA

4. FEI Number: 65-1026065 ☐ 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
SHAPOVALOV INNA. THE LAW OFFICES OF INNA SHAPOVALOV, P.A. 16300 NE 19 Ave #250 NMB, FL 33162.	Name: ENEIDA DAUBAR Street Address (P.O. Box Number is Not Acceptable): 8051 NW 36 STREET #622 City: MIAMI, FLORIDA FL Zip Code: 33166

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.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ENEIDA DAUBAR 8181 NW 36 ST #1003 MIA, FL 33162 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ENEIDA DAUBAR 10391 SW 150 COURT #10105 MIAMI, FL 33186. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DAUBAR HECTOR 8181 NW36 ST #1003 MIAMI, FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HECTOR DAUBAR 8051 NW36 ST #622 MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BORGES DIANA 8181 NW36 ST #1003 MIAMI, FL 33166. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DIANA Borges 8051 NW 36 ST #622 MIAMI, FLA 33166. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	miguel Angel QUINTANA DIRECTOR 8051 NW 36 ST #622 MIAMI, FL 33166 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 Date Daytime Phone #

7/9/2002-90017-011-$70.00-$70.00

2002 UNIFORM BUSINESS REPORT (UBR)

39049 Attachment

DOCUMENT # N00000004407

1. Entity Name

CHILDREN'S CRIME PREVENTION ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
~~8181 NW 36ST SUITE 1003 & 1005 MIAMI FL 33166~~ CORRECTIONS ON LINE 2.	PO BOX 650908 MIAMI FL 33265-0908

[redacted]

2. Principal Place of Business	3. Mailing Address
8051 N.W 36 STREET	P.O.BOX 650908.
Suite, Apt. #, etc. # SUITE 622.	Suite, Apt. #, etc. BOX
City & State MIAMI, FL 33166.	City & State MIAMI, FLORIDA
Zip 33166 Country FLORIDA U.S.A.	Zip 33265-0908 Country U.S.A.

4. FEI Number 65-1026065 ☐ 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
SHAPOVALOV, INNA THE LAW OFFICES OF INNA SHAPOVALO, P.A. 16300 NE 19TH AVE. SUITE 250 NORTH MIAMI BEACH FL 33162	Name ENEIDA DAUBAR. Street Address (P.O. Box Number Also Acceptable) P.O.BOX 650908. City MIAMI, FL 33265-0908 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eneida Daubar.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUBAR, ENEIDA 8181 NW 36TH STREET#1003 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ENEIDA DAUBAR 10391 SW 150 COURT #10105. MIAMI, FL 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUBAR, HECTOR 8181 NW 36 ST #1003 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HECTOR DAUBAR 8051 NW 36 ST #622 MIAMI, FL 33166.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORGES, DIANA 8181 NW 36 ST #1003 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DIANA BORGES. 810 SW 3 ST #8 MIA, FL 33130.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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, for all other like empowered.

SIGNATURE: Eneida Daubar REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #