

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007719

1. Entity Name

HALLANDALE BEACH CRIME WATCH, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90166 013 ****61.25

Principal Place of Business

400 SOUTH FEDERAL HWY
HALLANDALE BEACH POLICE DEPT.
HALLANDALE BEACH FL 33009

Mailing Address

400 SOUTH FEDERAL HWY
HALLANDALE BEACH POLICE DEPT.
HALLANDALE BEACH FL 33009

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

65-0978386

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

CASPER, ANDREW M
400 SOUTH FEDERAL HWY
HALLANDALE BEACH FL 33009

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 PD ☒ Delete
NAME JULIAN, WILLIAM
STREET ADDRESS 333 N.E. 5TH STREET
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE NORMA C. HASKINS PRES ☐ Change ☐ Addition
NAME 814 S.W. 6 AVE DIRECTOR
STREET ADDRESS HALLANDALE BEACH FL 33009
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME PIZANO, IVETTE
STREET ADDRESS 728 S.W. 5 STREET
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME HAMMOND, SANDRA
STREET ADDRESS NE 12TH AVE BLDG #900
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE KYM PARANOS SEC. ☐ Change ☒ Addition
NAME 716 S.W. 4th Court
STREET ADDRESS HALLANDALE BEACH FL 33009
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)