

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: HALLANDALE BEACH CRIME WATCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0978386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HASKINS, NORMA
Address: 814 SW 6 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: DV () Delete
Name: PIZANO, IVETTE
Address: 728 S.W. 5 STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DT () Delete
Name: HAMMOND, SANDRA
Address: NE 12TH AVE BLDG #900
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S () Delete
Name: PARANOS, KYM
Address: 716 SW 4TH COURT
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: RIBOT, MILDRED
Address: 949 SW 8 STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SEBESTIANA, ANNA C
Address: 130 SE 2 AVE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA HASKINS

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date