

# 2000 UNIFORM BUSINESS REPORT (UBR)

0032872

DOCUMENT # N93000001077

1. Entity Name

MODEL CITY CRIME PREVENTION SUB-COUNCIL AND TASK

FILED

00 FEB -3 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1000 N.W. 62ND STREET  
MIAMI FL 33150

1000 N.W. 62ND STREET  
MIAMI FL 33150-4217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0468286

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNAKIN, THELBERT  
1000 N.W. 62ND STREET  
MIAMI FL 33150

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	DC	<input type="checkbox"/> Delete
NAME	JOHNAKIN, THELBERT	
STREET ADDRESS	1345 N.W. 51ST STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURNES, EARNEST	
STREET ADDRESS	3120 NW 56TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STARKS, STELLA	
STREET ADDRESS	4725 N.W. 16TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	ROBINSON, REV. WILLIE	
STREET ADDRESS	731 NW 45TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800003136668--7	
CITY-ST-ZIP	-02/16/00--01007--021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD C. HILL	
STREET ADDRESS	231 N.E 43 STREET	
CITY-ST-ZIP	MIAMI FLA 33137	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Thelbert Johnakin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 7 - 2000*

KE

CR2E037 (9/99)