

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-17-2002 90044 015 ****70.00

DOCUMENT # N93000001077

1. Entity Name

MODEL CITY CRIME PREVENTION SUB-COUNCIL AND TASK FORCE, INC.

Principal Place of Business

Mailing Address

1000 N.W. 62ND STREET
 MIAMI FL 33150

1000 N.W. 62ND STREET
 MIAMI FL 33150

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

65-0468286

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HILL, RONALD C
 1000 N.W. 62ND STREET
 MIAMI FL 33150

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 ☒ **DCP**
 NAME **HILL, RONALD C**
 STREET ADDRESS **231 NE 43RD ST.**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☒ **VPD**
 NAME **ROBINSON, WILLIE**
 STREET ADDRESS **231 NE 43 STREET**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☒ **Change** ☐ **Addition**
 NAME **VPD**
 STREET ADDRESS **ROBINSON, WILLIE**
 CITY-ST-ZIP **731 N.W. 45th STREET**
MIAMI, FL 33127

TITLE ☐ **OTS**
 NAME **STARKS, STELLA**
 STREET ADDRESS **4725 N.W. 16TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE ☐ **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
 NAME **SVC**
 STREET ADDRESS **Burnes, Earnest**
 CITY-ST-ZIP **3120 NW 56th STR.**
MIAMI, FLA. 33142

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

1/24/02

Date

305-758-7033

Daytime Phone #

CR2E037 (9/01)