

FILED

4/24

May 29, 2001 8:00 am  
Secretary of State

04-24-2001 90275 013 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003861

1. Entity Name

CRIMINON OF SOUTH FLORIDA, INC.

Principal Place of Business

11 ORION COURT  
203  
FOREST VA 24551

Mailing Address

11 ORION COURT  
203  
FOREST VA 24551

5715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 Lake East Dr  
Suite, Apt. #, etc.  
#1216

3. Mailing Address

3001 Lake East Dr.  
Suite, Apt. #, etc.  
#1216

City & State

Las Vegas, NV

City & State

Las Vegas, NV

4. FEI Number

65-0766883

Applied For

Not Applicable

Zip

89117

Country

USA

Zip

89117

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INGRAM, NADIA  
2100 PONCE DE LEON BLVD.  
SUITE 920  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Ingram & Ingram Attorneys at Law P.A.  
2630 University Blvd.  
City Sarasota FL Zip Code 34243

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

*Nadia Ingram*

NADIA INGRAM

5/24/01

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Reg. stated Agent signature required when re-registering)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contributor

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENTER, DAVID	
STREET ADDRESS	11 ORION COURT #203	
CITY-ST-ZIP	FOREST VA 24551	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	THOMPSON, PATRICIA	
STREET ADDRESS	4727 HOLLY LAKE DR	
CITY-ST-ZIP	LAKE WORTH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL VIKKI	
STREET ADDRESS	1812 GENTRY ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3001 Lake East Dr #1216	
CITY-ST-ZIP	Las Vegas, NV 89117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1610 Palmetto St.	
CITY-ST-ZIP	Clearwater, FL 33755	
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)(1), 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:

*David Menter*

4-15-01

702-876-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)