

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90246 038 ****61.25

DOCUMENT # N97000003861

1. Entity Name

CRIMINON OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**3001 LAKE EAST DRIVE
 #1216
 LAS VEGAS NV 89117
 US**

**3001 LAKE EAST DRIVE
 #1216
 LAS VEGAS NV 89117
 US**

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 **65-0766883**

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

**INGRAM & INGRAM
 2830 UNIVERSITY BLVD
 SARASOTA FL 34243**

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 NAME	PTD MENTER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	3001 LAKE EAST DR #1216	
CITY-ST-ZIP	LAS VEGAS NV 89117	
TITLE NAME	SVD THOMPSON, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	4727 HOLLY LAKE DR	
CITY-ST-ZIP	LAKE WORTH FL 33483	
TITLE NAME	D CARROLL, VIKKI	<input type="checkbox"/> Delete
STREET ADDRESS	1610 PALMETTO STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

David Menter President **4/19/02 702-876-3401**

CR2E037 (9/01)