

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90131 010 ****61.25

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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

5303 Atascocita Rd **P.O. Box 291746**

Suite, Apt. #, etc. Suite, Apt. #, etc.

534

City & State City & State

Humble, TX **Davie, FL**

Zip Country Zip Country

77346 USA **33329 USA**

4. FEI Number **65-0766883** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INGRAM & INGRAM
2630 UNIVERSITY BLVD
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENTER, DAVID	
STREET ADDRESS	3001 LAKE EAST DR #1216	
CITY-ST-ZIP	LAS VEGAS NV 89117	
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	1610 PALMETTO STREET	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	menter, David	
STREET ADDRESS	5303 Atascocita Rd #534	
CITY-ST-ZIP	Humble, TX 77346	
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: David Menter 4/23/03 713-443-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)