

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0025992

DOCUMENT # N98000005297

1. Entity Name

COPS FOR KIDS, INC.

Principal Place of Business

6555 N.W. 36TH STREET
 SUITE 300
 VIRGINIA GARDENS FL 33166

Mailing Address

6555 N.W. 36TH STREET
 SUITE 300
 VIRGINIA GARDENS FL 33166

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

65-0862493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURNS, THOMAS M
6555 N.W. 36TH STREET
SUITE 300
VIRGINIA GARDENS FL 33166

7. Name and Address of New Registered Agent

Name **Montoute-Howard, Domingo**

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

6555 NW 36th Street. Suite 300

City **Virginia Gardens**

FL

Zip Code **33166**

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

Domingo Montoute-Howard
Domingo Montoute-Howard

3-20-02

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

TITLE **D** ☒ Delete
 NAME **BURNS, THOMAS M**
 STREET ADDRESS **6555 N.W. 36TH STREET**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE **D** ☒ Delete
 NAME **BURNS, JANINE M**
 STREET ADDRESS **6555 N.W. 36TH STREET**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE **D** ☐ Delete
 NAME **MONTOUTE-HOWARD, DOMINGO**
 STREET ADDRESS **6555 NORTHWEST 36 STREET #300**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Fitts, Lucy**
 STREET ADDRESS **6219 SW 57th St**
 CITY-ST-ZIP **S. Miami, FL 33142**

TITLE **D** ☐ Change ☒ Addition
 NAME **Talamo, Theresa**
 STREET ADDRESS **10531-SW 113th Pl**
 CITY-ST-ZIP **Miami, FL 33173**

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

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

TITLE ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE

Lucy Fitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

305-871-6997

Date

Daytime Phone #

CR2E037 (9/01)