

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90171 009 ****69.00

DOCUMENT # N98000005297

1. Entity Name
COPS FOR KIDS, INC.



Principal Place of Business
~~6555 N.W. 36TH STREET~~ **6405 NW 36 ST.**
~~SUITE 000 120~~
VIRGINIA GARDENS FL 33166

Mailing Address
~~6555 N.W. 36TH STREET~~ **6405 NW 36 St.**
~~SUITE 000 120~~
VIRGINIA GARDENS FL 33166

2. Principal Place of Business
6405 NW 36 Street

3. Mailing Address
6405 NW 36 Street

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
St. 120

City & State
VIRGINIA Gardens FL

City & State
VIRGINIA Gardens FL

Zip
33166

Country
MIAMI-Dade

Zip
33166

Country
MIAMI Dade

4. FEI Number **65-0862493**

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

MONTOUTE-HOWARD, DOMINGO
~~6555 N.W. 36TH STREET~~ **6405 NW 36 Street**
~~SUITE 000 120~~
VIRGINIA GARDENS FL 33166

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FITTS, LUCY	
STREET ADDRESS	6219 SW 57TH ST	
CITY-ST-ZIP	S. MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTOUTE-HOWARD, DOMINGO	
STREET ADDRESS	6555 NORTHWEST 36 STREET 6405 NW 36 St	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALAMO, THERESA	
STREET ADDRESS	10531-SW 113TH PL	
CITY-ST-ZIP	MIAMI FL 33173	
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 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		
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: **SIGNATURE RETURNED** *2/17/03* **305 871 6997**

CR2E037 (10/02)