

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90072 017 ****61.25

DOCUMENT # N99000001507

1. Entity Name

YOUTH CRIME WATCH OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**9300 SOUTH DADELAND BOULEVARD
 SUITE 100
 MIAMI FL 33156**

**9300 SOUTH DADELAND BOULEVARD
 SUITE 100
 MIAMI FL 33156**

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

65-0933463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MODGLIN, TERENCE
 9300 SOUTH DADELAND BOULEVARD
 SUITE 100
 MIAMI FL 33156**

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	C	<input type="checkbox"/> Delete
NAME	BROWN, LINDA DUNN	
STREET ADDRESS	1450 N.E. 2ND AVENUE, ROOM 737	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	P	<input type="checkbox"/> Delete
NAME	MODGLIN, TERENCE	
STREET ADDRESS	9300 SOUTH DADELAND BLVD STE 100	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARKE, CAROLYN	
STREET ADDRESS	400 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRUITT, PETER	
STREET ADDRESS	100 SE 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, EDUARDO	
STREET ADDRESS	550 BILTMORE WAY, SUITE 110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDOFF, GERALD	
STREET ADDRESS	9150 NW 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33132	

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
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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: T. Modglin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

4/29/2002 905-670-2409
 Date Daytime Phone #

CR2E037 (9/01)