

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

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

03-28-2003 90114 019 ****61.25

DOCUMENT # N99000001507

1. Entity Name
YOUTH CRIME WATCH OF FLORIDA, INC.



Principal Place of Business
**9300 SOUTH DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9200 So. Dadeland Blvd.

3. Mailing Address
9200 So. Dadeland Blvd.

Suite, Apt. #, etc.
Suite 417

Suite, Apt. #, etc.
Suite 417

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0933463** Applied For
Not Applicable

Zip **33156** Country **USA**

Zip **33156** Country **USA**

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

6. Name and Address of Current Registered Agent
**MODGLIN, TERRENCE
9300 SOUTH DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is not acceptable)
**9200 South Dadeland Blvd.
Suite 417**
City **Miami** FL Zip Code **33156**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARILYN MORRIS 508 ISLE OF PALMS DR FL Landerdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Terrence W. Modglin* **3/21/2003**

CR2E037 (10/02)