

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0073214

03-28-2002 90015 016 ****78.75

DOCUMENT # N99000004848

1. Entity Name

NATIONAL MISSING KIDS ALERT, INC.

Principal Place of Business

**11210 SW 221ND STREET
MIAMI FL 33170-0673**

Mailing Address

**11210 SW 221ND STREET
MIAMI FL 33170-0673**

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

65-0941636

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNGKIN, ANITA
11210 S.W. 221 STREET
MIAMI FL 33170-4734**

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	PVS	<input type="checkbox"/> Delete
NAME	YOUNGKIN, ANITA	
STREET ADDRESS	11210 S.W. 221 STREET	
CITY-ST-ZIP	MIAMI FL 33170-4734	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGKIN, ANITA	
STREET ADDRESS	11210 S.W. 221 STREET	
CITY-ST-ZIP	MIAMI FL 33170-4734	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURTADO, OMAR	
STREET ADDRESS	11210 S.W. 221 STREET	
CITY-ST-ZIP	MIAMI FL 33170-4734	
TITLE	DADV	<input type="checkbox"/> Delete
NAME	MITIC, MIOMIR	
STREET ADDRESS	11210 SW 221 ST.	
CITY-ST-ZIP	MIAMI FL 33170-4734	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORBES, HERB	
STREET ADDRESS	11210 SW 221 ST	
CITY-ST-ZIP	MIAMI FL 33170-4734	
TITLE	ED	<input type="checkbox"/> Delete
NAME	PFEIFER, MARTHA	
STREET ADDRESS	11210 SW 221 ST	
CITY-ST-ZIP	MIAMI FL 33170	

TITLE	Director, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hendrickson	
STREET ADDRESS	5215 Marine Parkway	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. Brennan	
STREET ADDRESS	10934 SW 156 Terrace	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Schweikert	
STREET ADDRESS	658 NE 73rd Street	
CITY-ST-ZIP	Miami, FL 33138	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernon Hanson	
STREET ADDRESS	615 SE 28th lane	
CITY-ST-ZIP	Homestead, Florida 33033	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)

Attachment
Document # N99000004848

CARIBBEAN GLOBAL
INTERNATIONAL INC.
"A PROFESSIONAL SERVICES COMPANY"



351585

President

William A. Hendrickson
727-308-0579

Executive Vice

President, Operations.
Merland J. Conine,
Ph.D., HB, Thesis. Pdg.
Consultant,

Tel: 954-578-6643
Off: 305-245-0086
Fax: 305-245-5282
Fax: 954-578-2716
Cell: 305-582-1154
Cell: 954-695-5702
E-Mail:
cgjmerlandconine@aol.com

27501 S. Dixie Hwy
Naranja, FL 33032
www.cgglobalpro.com

"Our Services Begin Here"

Monday, March 18, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Madam or Sir:

Please provide two (2) Certificate of Status
documents. A check is attached in the amount
of \$78.75.

Very truly yours,

Merland J. Conine