

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-05-2001 91103 012 ***150.00

DOCUMENT # P00000082469

1. Entity Name

CRIME CONTROL U.S.A., INC.

Principal Place of Business

**5014 S.W. 139 PLACE
 MIAMI FL 33175**

Mailing Address

**5014 S.W. 139 PLACE
 MIAMI FL 33175**

2. Principal Place of Business

4990 SW 52 ST

Suite, Apt. #, etc.

204

3. Mailing Address

4990 SW 52 ST

Suite, Apt. #, etc.

204

City & State

DAVE FL

City & State

DAVE FL

4. FEI Number

65-1036815

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, ANTONIO
 5014 S.W. 139 PLACE
 MIAMI FL 33175**

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.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when reinstalling)

2/13/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 GONZALEZ, ANTONIO
 5014 S.W. 139 PLACE
 MIAMI FL 33175**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPSD
 GONZALEZ, JEANETTE
 5014 S.W. 139 PLACE
 MIAMI FL 33175**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

2/13/01

CR2E034 (10/00)