

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90019 007 ***150.00

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DOCUMENT # P00000087572

1. Entity Name
CRIME CONTROL PLUS INC.

Principal Place of Business 2100 WEST 76TH STREET STE 412 HIALEAH FL 33016	Mailing Address 2100 WEST 76TH STREET STE 412 HIALEAH FL 33016
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734194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13143 NW 42 Ave	3. Mailing Address 13143 NW 42 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Opalocka, FL	City & State Opalocka, FL	4. FEI Number 65-1040703	Applied For <input type="checkbox"/>
Zip 33054	Country	Zip 33054	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
VELAZQUEZ, OSWALDO
2100 WEST 76TH STREET
STE 412
HIALEAH FL 33016
Oswald
13143 NW 42 Ave
Opalocka, Fl. 33054

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 _____ DATE **3/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD VELEZQUEZ, OSWALDO 2100 WEST 76TH STREET SUITE 412 HIALEAH FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VELEZQUEZ, OSWALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13143 NW 42 Ave Opalocka, Fl. 33054
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

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: _____ Date **3/23/01** Daytime Phone # **(305) 558-7250**

CR2E034 (10/00)