

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90137 041 \*\*\*150.00

**DOCUMENT # P98000054572**

1. Entity Name  
**MIAMI GUARD CRIME PREVENTION, INC.**

Principal Place of Business  
**6307 N.E. 2ND. AVE., #P-1220**  
**MIAMI FL 33138**

Mailing Address  
**6307 N.E. 2ND. AVE., #P-1220**  
**MIAMI FL 33138**

2. Principal Place of Business

**6005 NE 2nd AVE #49**

Suite, Apt. #, etc.  
**#49**

City & State  
**Miami FL**

Zip  
**33137**

Country  
**Dade**

3. Mailing Address

**6005 NE 2nd AVE #49**

Suite, Apt. #, etc.  
**#49**

City & State  
**Miami FL**

Zip  
**33137**

Country  
**Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0906275**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, ADA A**  
**6307 N.E. 2ND. AVE., #P-1220**  
**MIAMI FL 33138**

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 *Ada Alvarez*  
 Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-19-02**

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, 2002 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  
**CDPT**  
 NAME  
**ALVAREZ, ADA A**  
 STREET ADDRESS  
**6307 N.E. 2ND. AVE., #P-1220**  
 CITY-ST-ZIP  
**MIAMI FL 33138**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**CDPT**  
 NAME  
**ALVAREZ, ADA A**  
 STREET ADDRESS  
**6005 NE 2nd AVE #49**  
 CITY-ST-ZIP  
**Miami, FL 33137**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 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: *Ada Alvarez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-19-02**

Date

**305-962-6549**

Daytime Phone #

CR2E034 (9/01)