

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078854

1. Entity Name

CHILDREN'S CRIME PREVENTION ASSOCIATION, INC.

Principal Place of Business

220 TAMiami BLVD  
MIAMI, FL. 33144

Mailing Address

220 TAMiami BLVD.  
MIAMI FL. 33144-2644

2. Principal Place of Business

4143 SW 74 COURT

3. Mailing Address

P.O. BOX 650908

Suite, Apt. #, etc.

SUITE F

City & State

MIAMI, FL. 33155

Zip

33155

Country

U.S.A.

City & State

MIAMI, FL.

Zip

33265-0809

Country

U.S.A.

4. FEI Number

65-0949174

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, ENEIDA M.  
220 TAMiami BLVD.  
MIAMI FL. 33144

7. Name and Address of New Registered Agent

Name

DAUBAR ENEIDA

Street Address (P.O. Box Number is Not Acceptable)

220 TAMiami BLVD

City

MIAMI, FL.

FL

Zip Code

33144

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 ENEIDA DAUBAR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, ENEIDA M.	
STREET ADDRESS	220 TAMiami BLVD	
CITY-ST-ZIP	MIAMI FL. 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUBAR, ENEIDA	
STREET ADDRESS	220 TAMiami BLVD	
CITY-ST-ZIP	MIAMI FL. 33144	
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		
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		

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

ENEIDA M. HERNANDEZ  
DAUBAR

Date

305-263-9167

Daytime Phone #

CR 1002 (0000)