

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90209 031 \*\*\*150.00

0157355 AV

**DOCUMENT # P99000096503**

1. Entity Name  
**INTERNATIONAL CRIME PREVENTION CONSULTANTS, INC.**

Principal Place of Business  
**1530 NW 109TH TERRACE  
 PEMBROKE PINES FL 33026**

Mailing Address  
**1530 NW 109TH TERRACE  
 PEMBROKE PINES FL 33026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**115 LAUREL TREE WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**115 LAUREL TREE WAY**  
 Suite, Apt. #, etc.

City & State  
**BRANDON, FLA.**  
 Zip  
**33511**  
 Country  
**USA**

City & State  
**BRANDON, FLA.**  
 Zip  
**33511**  
 Country  
**USA**

4. FEI Number **65-0986614**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CRUZ, RICHARD F  
 1530 NW 109 TERRACE  
 HOLLYWOOD FL 33026**

**7. Name and Address of New Registered Agent**

Name **Richard F Cruz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**115 LAUREL TREE WAY**  
 City **BRANDON** **FL** Zip Code **33511**

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 \_\_\_\_\_

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 **PD** ☐ Delete  
 NAME **CRUZ, RICHARD F**  
 STREET ADDRESS **1530 NW 109 TERR**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **STD** ☐ Delete  
 NAME **CRUZ, JOANNE C**  
 STREET ADDRESS **1530 NW 109 TERR**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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: **Joanne Cruz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/01/02 (813) 728-5715**  
 Date Daytime Phone #

CR2E034 (9/01)