

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 843030

FILED  
Jan 28, 2002 8:00 AM  
Secretary of State

Entity Name: THE PROTECTIVE GROUP, INC.

**Current Principal Place of Business:**

14000 NW 58TH CT.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

14000 NW 58TH CT.  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 02-0333472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ESCALANTE, IRVING  
9421 SW 32 STREET  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, MELVYN H  
Address: 14000 NW 58TH CT.  
City-St-Zip: MIAMI LAKES, FL

Title: S ( ) Delete  
Name: MILLER, CAROLYN  
Address: 14000 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: T ( ) Delete  
Name: ESCALANTE, IRVING  
Address: 14000 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MILLER, MELVYN H  
Address: 14000 NW 58TH CT.  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S (X) Change ( ) Addition  
Name: MILLER, CAROLYN  
Address: 14000 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: T (X) Change ( ) Addition  
Name: ESCALANTE, IRVING  
Address: 14000 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING ESCALANTE

T

01/28/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date