

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90012 026 \*\*\*150.00

**DOCUMENT #** P00000059887

1. Entity Name

**SUPER STAR SECURITY & INVESTIGATION, CORP**

Principal Place of Business

Mailing Address

18661 N.W. 77TH CT  
 HIALEAH GARDEN FL 33015.

18661 N.W. 77th CT  
 HIALEAH GARDEN FL 33015

00062479

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1018013

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOLANDA BLANCO  
 18661 NW 77th CT  
 HIALEAH GARDEN FL 33015

Name SAME

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

*Yolanda Blanco*

8/22/01

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

(NOTE: Registered Agent signature required when existing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE MONTHLY FEES IS \$150.00**  
**AFTER MAY 1, 2001 Fee will be \$350.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P- <input type="checkbox"/> Delete
NAME	YOLANDA BLANCO
STREET ADDRESS	18661 NW 77th CT
CITY-ST-ZIP	HIALEAH GARDEN FL 33015
TITLE	V-P= <input type="checkbox"/> Delete
NAME	SILVIO ULMOS
STREET ADDRESS	18661 NW 77th CT
CITY-ST-ZIP	HIALEAH GARDEN FL 33015
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

*Yolanda Blanco*

(305) 829-6035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Discipline Fee/Per \$

CR2E034 (1/1/00)