

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90498 009 ***150.00

DOCUMENT # P00000080800

1. Entity Name
BEACH PATROL SECURITY, INC.

Principal Place of Business 2045 NORTHEAST 139TH STREET NORTH MIAMI BEACH FL 33181	Mailing Address 2045 NORTHEAST 139TH STREET NORTH MIAMI BEACH FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1036390

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, DORIS
 2045 NORTHEAST 139TH STREET
 NORTH MIAMI BEACH FL 33181**

Name **Digby Borrero**
 Street Address (P.O. Box Number is Not Acceptable)
2045 NE 139 Street
 City **North Miami Beach FL** Zip Code **33181**

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

DATE **3/12/2001**

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME PARKER, DORIS	
STREET ADDRESS 2045 NORTHEAST 139TH STREET	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Digby Borrero	
STREET ADDRESS 2045 NorthEast 139 St.	
CITY-ST-ZIP North Miami Beach FL 33181	

TITLE James R. Dalk	<input checked="" type="checkbox"/> Delete
NAME 2045 Northeast 139 St	
STREET ADDRESS North Miami Beach, FL 33181	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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:

DATE **3/12/2001** DAYTIME PHONE # **(305) 865-4545**

CR2E034 (10/00)