## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Sep 19, 2001 8:00 am Secretary of State DOCUMENT # **P94000030420** ESCOURT SECURITY & PROTECTION, INC. 09-19-2001 90123 040 \*\*\*150.00 Principal Place of Business Mailing Address 1175 N.E. 125TH STREET 1175 N.E. 125TH STREET SUITE 102 SUITE 102 NORTH MIAMI FL 33161-5009 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0542517 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, YUJAINA Street Address (P.O. Box Number is Not Acceptable) 294 N.W. 44TH AVENUE **MIAMI FL 33126** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE MELON, JESUS R NAME NAME STREET ADDRESS STREET ADDRESS 3740 S.W. 5TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition -- 🖂 Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Change TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP DITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE TITLE 'JAME IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKTY-ST-ZIP

13. Thereby 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 the end 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 impowered 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 guide like empowered.

## Escort Waintenance

AHachment OHPAYUUU30420 AW86711

Jesus R. Melon 1175 NE 125<sup>th</sup> Street, Suite 102 North Miami, FL 33161 Phone: (305) 891-1106 Fax: (305) 891-6750

September 11, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee; FL 32314

To Whom It May Concern:

Enclosed is my check number 1044 in the amount of \$150.00. Please be aware that we have not received the 2001 Uniform Business Report form.

I am enclosing copies of last year's form for your records.

If you have any questions do not hesitate to contact my Registered Agent Yujaina Gonzalez or me at (305) 891-1106.

Sincerely,

Jesus R. Melon

JRM/yg

-Enclosures: as noted --