

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90154 003 \*\*\*150.00

DOCUMENT # P96000016330

1. Entity Name

**BLUE KNIGHTS PROTECTIVE SYSTEMS, INC.**

Principal Place of Business

Mailing Address

~~275 FONTAINBLEAU BLVD SUITE 235~~  
 MIAMI FL 33172

~~275 FONTAINBLEAU BLVD SUITE 235~~  
 MIAMI FL 33172-4576

2. Principal Place of Business

3. Mailing Address

*10500 NW 26 ST*

*10500 NW 26 ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 102*

*Suite 102*

City & State

City & State

*MIAMI FL*

*MIAMI FL*

Zip

Country

Zip

Country

*33172*

*USA*

*33172*

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCON, ANDRES I  
~~275 FONTAINBLEAU BLVD~~  
~~SUITE 235~~  
 MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

*10500 NW 26 ST*  
*Suite 102*

City

State

Zip Code

*MIAMI*

*FL*

*33172*

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 *Andres I Falcon*

*Andres I Falcon*

*3/15/2000*

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FALCON, ANDRES I	<del>275 FONTAINBLEAU BLVD SUITE 235</del>	MIAMI FL 33172	<input type="checkbox"/>
D	ROJAS, JORGE E	<del>275 FONTAINBLEAU BLVD SUITE 235</del>	MIAMI FL 33172	<input type="checkbox"/>
D	MARTINEZ, ALEJANDRO J	<del>275 FONTAINBLEAU BLVD SUITE 235</del>	MIAMI FL 33172	<input type="checkbox"/>
D	VILLACIS, ROMULO O	<del>6210 SW 25 ST</del>	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>10500 NW 26 ST # 102</i>	<i>MIAMI FL 33172</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>↑</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>SAME</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>↑</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>SAME</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>↑</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>SAME</i>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Andres I Falcon*

Date

Daytime Phone #

*3/15/2000 468-8860*

CR2E034 (9/99)