

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000103789****1. Entity Name**

CANON INVESTIGATIONS, INC.

**Principal Place of Business**13899 BISCAYNE BLVD.  
SUITE 131  
NORTH MIAMI BEACH  
33181

FL

**Mailing Address**13899 BISCAYNE BLVD.  
SUITE 131  
NORTH MIAMI BEACH  
33181

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****65-0799510****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PARKER RICHARD  
13899 BISCAYNE BLVD #134NORTH MIAMI BEACH  
33181

FL

US

**7. Name and Address of New Registered Agent****Name**

PARKER RICHARD

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

13899 BISCAYNE BLVD #131

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**02/09/2000**

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****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** P  
**STREET ADDRESS** JAMES RIDDLE  
13899 BISCAYNE BLVD STE 134  
**CITY-ST-ZIP** NORHT MIAMI BEACH FL 33181**TITLE** ☐ Delete  
**NAME** P  
**STREET ADDRESS** RICHARD PARKER  
13899 BISCAYNE BLVD STE 134  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition  
**NAME** T  
JACOBS ARI  
**STREET ADDRESS** 13899 BISCAYNE BLVD #131  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**TITLE** ☐ Change ☒ Addition  
**NAME** V  
RIDDLE ANTHONY  
**STREET ADDRESS** 13899 BISCAYNE BLVD #131  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**TITLE** ☐ Change ☒ Addition  
**NAME** V  
BIGLIN JOSEPH  
**STREET ADDRESS** 13899 BISCAYNE BLVD #131  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**TITLE** ☐ Change ☒ Addition  
**NAME** V  
BIGLIN JORDAN  
**STREET ADDRESS** 13899 BISCAYNE BLVD #131  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**TITLE** ☒ Change ☐ Addition  
**NAME** P  
JAMES RIDDLE  
**STREET ADDRESS** 13899 BISCAYNE BLVD STE 131  
**CITY-ST-ZIP** NORHT MIAMI BEACH FL 33181**TITLE** ☒ Change ☐ Addition  
**NAME** P  
RICHARD PARKER  
**STREET ADDRESS** 13899 BISCAYNE BLVD STE 131  
**CITY-ST-ZIP** NORTH MIAMI BEACH FL 33181**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** Richard Parker

P

02/09/2000