

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90198 043 ***163.75

DOCUMENT # P00000039768

1. Entity Name

AIC BUREAU OF INVESTIGATIONS & PROTECTIVE SERVIC

Principal Place of Business

**6332 SW 22ND STREET
 MIAMI FL 33155**

Mailing Address

**6332 SW 22ND STREET
 MIAMI FL 33155**

2. Principal Place of Business

175 S.W. 15 Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1001927

Applied For

Not Applicable

Zip

33129

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALONSO, JUAN F
 6332 SW 22ND STREET
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Juan F. Alonso PVST. 3-12-2001

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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
 NAME **ALONSO, JUAN F**
 STREET ADDRESS **6332 SW 22ND STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete
 NAME **ALONSO, JUAN F**
 STREET ADDRESS **6332 SW 22ND STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **MARIA E. Alonso** ☐ Delete
 NAME **6332 SW 22ST (V.P)**
 STREET ADDRESS **MIAMI FL 33155**
 CITY-ST-ZIP

TITLE **D.** ☐ Delete
 NAME **Frank Alonso**
 STREET ADDRESS **6332 SW 22 St.**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Juan F. Alonso PVST. 3-12-2001 305-266-3173.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0191065