

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 194719

1. Entity Name  
SOUTH FLORIDA DETECTIVE BUREAU INC

Principal Place of Business

1401 NE 117 ST.  
RES. OFF.  
MIAMI FL 33161  
US

Mailing Address

1401 NE 117 ST.  
RES. OFF.  
MIAMI FL 33161  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1940963

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

POLENO, JAMIE J  
1401 NE 117 ST.  
RES. OFF.  
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name: William Polero, President  
Street Address (P.O. Box Number is Not Acceptable): 1401 NE 117 ST  
MIAMI FL  
City: 33161 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, 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, 2002 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	P	POLENO, JAMIE J	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1401 N.E. 117 STREET	
CITY-ST-ZIP		MIAMI FL 33161	
TITLE	S	POLERO, WILLIAM	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1401 N.E. 117 STREET	
CITY-ST-ZIP		MIAMI FL 33161	
TITLE		Director	<input type="checkbox"/> Delete
NAME		Jamie J. Poleno	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Director	<input type="checkbox"/> Delete
NAME		Thomas W. Polero	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 25, 2002 8:00 am  
Secretary of State

01-15-2002 90019 043 \*\*\*150.00



CR2E034 (9/01)

William Polero  
PRESIDENT 2/19/02