

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625754

1. Entity Name

INTERCOUNTY SUBPOENA AND INVESTIGATIVE AGENCY, I

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90098 020 ***150.00

Principal Place of Business

601 S ANDREWS AVE
REAR
FT LAUD FL 33301
US

Mailing Address

POB 1000
FT LAUD FL 33302
US

2. Principal Place of Business

2520 N Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

4. FEI Number 59-2053291

Applied For

Not Applicable

Zip

33305

Country

Broward

Zip

33305

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAIS, RAMON A.
601 S ANDREWS AVE
FT LAUD FL 33301

7. Name and Address of New Registered Agent

Name

Ramon A SAIS

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

2520 N Dixie Hwy

City

Wilton Manors

FL

Zip Code

33305

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, 2001 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 PD
NAME SAIS, RAMON A.
STREET ADDRESS 1909 S.E. 4TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DS
NAME SAIS, ELIZABETH
STREET ADDRESS 1909 S.E. 4TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

954-462-1593

Daytime Phone #

CR2E034 (10/00)