

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90030 005 ****61.25

DOCUMENT # 756764

1. Entity Name

SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.

115740



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1885 W. COMMERCIAL BLVD. #125
FORT LAUDERDALE FL 33309**

Mailing Address

**P.O. BOX 891
FORT LAUDERDALE FL 33302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CRISDEKKA XXX~~**1885 W. COMMERCIAL BLVD., SUITE 125
FORT LAUDERDALE FL 33309**

Name

SCOTT WEININGERStreet Address (P.O. Box Number is Not Acceptable)
same

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D LEVEY, JOHN H	<input type="checkbox"/> Delete
STREET ADDRESS	14370 68 DRIVE NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33416	
TITLE NAME	S MICHAELS, MARIETTA	<input type="checkbox"/> Delete
STREET ADDRESS	1885 W. COMMERCIAL BLVD, #125	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE NAME	T CASEY, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	2318 DEER CREEK TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	D PIETSCH, KENT	<input type="checkbox"/> Delete
STREET ADDRESS	3717 S. DIXIE HWY. #1	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marietta L. Michaels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Marietta L. Michaels, Secy.**

1/16/01

Date

Daytime Phone #

CR2E037 (10/00)