

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-21-2002 90167 038 ****61.25

DOCUMENT # 756764

1. Entity Name

SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1835 W. COMMERCIAL BLVD. #125~~
FORT LAUDERDALE FL 33309

P.O. BOX 891
FORT LAUDERDALE FL 33302

2. Principal Place of Business

1835 So. Perimeter Rd.

Suite, Apt. #, etc.

Suite 125

3. Mailing Address

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

WEININGER, SCOTT

Address change:

1835 So. Perimeter Rd - #125

~~1835 W. COMMERCIAL BLVD., SUITE 125~~
FORT LAUDERDALE FL 33309

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **LEVEY, JOHN H**
CITY-ST-ZIP **14370 68 DRIVE NORTH**
PALM BEACH GARDENS FL 33416

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JANICE ZWILLING**
CITY-ST-ZIP **1835 So. Perimeter Rd. - #125**
Ft. Lauderdale, FL 33309

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MICHAELS, MARIETTA**
CITY-ST-ZIP **1885 W. COMMERCIAL BLVD, #125**
FT. LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME **1835 So. Perimeter Rd - #125**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CASEY, SHIRLEY**
CITY-ST-ZIP **2318 DEER CREEK TRAIL**
DEERFIELD BEACH FL 33442

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GRIFFIN, THOMAS**
CITY-ST-ZIP **P.O. Box 480184**
Ft. Lauderdale, FL 33348

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **PIETSCH, KENT**
CITY-ST-ZIP **3717 S. DIXIE HWY. #1**
WEST PALM BEACH FL 33405

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **GREEN, DAVID**
CITY-ST-ZIP **P.O. Box 13083**
North Palm Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Michael H. Michael* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)