

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90133 002 ***150.00

DOCUMENT # F97000000558

1. Entity Name
GARRISON PROTECTIVE SERVICES OF FLORIDA, INC.

704049



DO NOT WRITE IN THIS SPACE

Principal Place of Business SOUTHERN BLVD SUNSET NY 11767	Mailing Address 22 SOUTHERN BLVD NESCONSET NY 11767-1044
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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 **11-3339787** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BALDOMERO, ROLANDO
 1451 BRICKELL AVE
 STE 600
 MIAMI FL 33131**

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: *Rolando Baldomero* DATE: **01/14/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	<input type="checkbox"/> Delete
NAME TENREIRO, DONNA	
STREET ADDRESS 4343 W. FLAGLER ST.	
CITY-ST-ZIP MIAMI FL 33134	
TITLE VP	<input type="checkbox"/> Delete
NAME BALDOMERO, ROLANDO	
STREET ADDRESS 1451 BRICKELL AVE STE 600	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VPST	<input type="checkbox"/> Delete
NAME HUBERT, FRANK	
STREET ADDRESS 4343 W. FLAGLER ST.	
CITY-ST-ZIP MIAMI FL 33134	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1451 Brickell Ave Suite 600	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1451 BRICKELL AVE, SUITE 600	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1451 Brickell Ave Suite 600	
CITY-ST-ZIP MIAMI, FL 33131	
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)(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: *Rolando Baldomero* DATE: **01/14/2000** DAYTIME PHONE #: **305-371-8878**

CR2E034 (9/99)