

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Amended: 4/6/01 ZS*

DOCUMENT # **197000000558**  
 1. Entity Name  
**GARRISON PROTECTIVE SERVICES OF FLORIDA INC.**

**FILED**

**00 AUG 24 AM 10:41**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**1451 BRICKELL AVE SAME**  
**STE 600**  
**MIAMI FLORIDA 33131**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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  
**ROLANDO BALDOMERO**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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, 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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>TENREIRO DONNA</b>	
STREET ADDRESS <b>1451 BRICKELL AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>BALDOMERO ROLANDO</b>	
STREET ADDRESS <b>1451 BRICKELL AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>VICE PRESIDENT S.T.</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HUBERT FRANK</b>	
STREET ADDRESS <b>1451 BRICKELL AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
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 <b>VICE PRESIDENT S.T.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BALDOMERO ROLANDO</b>	
STREET ADDRESS <b>1451 BRICKELL AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
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	

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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: *Donna Tenreiro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/16/00** **631-979-7000**  
 Date Daytime Phone #

**DONNA TENREIRO**

CR2E034 (9/99)

**KE**