

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001631

1. Entity Name

V.I.P. PROTECTION & ASSOC. SERVICES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 017 ***150.00

Principal Place of Business

830 NW 13TH AVE
DANIA FL 33004
US

Mailing Address

830 NW 13TH AVE
DANIA FL 33004-2353
US

2. Principal Place of Business

4548 SW 29 TER.

3. Mailing Address

4548 SW 29 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUDERDALE,

FT. LAUDERDALE,

City & State

City & State

FLORIDA

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0728221

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

OSUNA, GILBERT
835 NW 13TH AVE.
DANIA FL 33004

JUST
CHANGE OF
ADDRESS

Name

V.I.P. PROTECTION

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

810 GILBERT OSUNA

4548 SW 29 TER

City

FT. LAUDERDALE FL

Zip Code

33312

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

APRIL 6, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	OSUNA, GILBERT	
STREET ADDRESS	835 NW 13TH AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6, 2000 954-922-4861

Date

Daytime Phone #

CR2E034 (9/99)