

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90387 029 ***150.00

DOCUMENT # F97000001631

1. Entity Name

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

Principal Place of Business

**4548 SW 29 TERR
 FORT LAUDERDALE FL 33312
 US**

Mailing Address

**3325 GRIFFIN RD
 SUITE 145
 FORT LAUDERDALE FL 33312
 US**

2. Principal Place of Business

3325 GRIFFIN RD

3. Mailing Address

3325 GRIFFIN RD

Suite, Apt. #, etc.

SUITE 145

Suite, Apt. #, etc.

SUITE 145

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

Zip

33312

Country

USA



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

**VIP PROTECTION
 C/O GILBERT OSUNA
 4548 SW 29 TERR
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

VIP PROTECTION

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

C/O GILBERT OSUNA

3325 GRIFFIN RD.

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 10, 02

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, 2002 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 **PST** ☐ Delete
 NAME **OSUNA, GILBERT**
 STREET ADDRESS **3325 GRIFFIN RD. SUITE 145**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-922-4861

CR2E034 (9/01)