2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G81845 1. Entity Name						FILED Mar 07, 2002 8:00 am Secretary of State			
•	N INVESTIGATIONS, INC.					03-07-2002 90018	042 ***150.	00	AV
Principal Place of Business 7050 TAFT ST. HOLLYWOOD: FL 33024 US		Mailing Address 7050 TAFT ST. HOLLYWOOD FL 33024 US							
2. Principal P	Place of Business	3. Mailing Address			-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4.	4. FEI Number 59-2382482 Applied For			
Zip	Country	Zip	Count	•	5. (Certificate of Status Desired	\$8.75 Add		
· **	6. Name and Address of Current	Registered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7.1	Name and Address of New Register		0	
	s. Italic and Address of Carrent	riegistered Agent		Name		tune and Address of Note inclusion	ca Agent	<u> </u>	
GOLDWICH, LEE S.				Street Addr	ess (P.O. E	Box Number is Not Acceptable)	· 		
6750 TAFT ST						<u> </u>	-		
HOLLYWOOD FL 33024				City			Zip Cod		
				City			Zip Cod	-	
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW!	!! FEE 02 Fee v	vill be \$550.	.00	einstating) D7 10. Election Campaign Financing Trust Fund Contribution.		0 May Be	
(See criter	ria on back)	Make Check Payab	le to De	partment of		<u></u>			
11.	OFFICERS AND		12.	—	AD	DDITIONS/CHANGES TO OFFICERS			<u>~</u>
TITLE	DPT LEE 6	☐ Delete	TITLE	1			☐ Change	☐ Addition	34 (9/01)
NAME STREET ADDRESS	GOLDWICH, LEE S 7050 TAFT ST		NAME	T ADDRESS					22
CITY-ST-ZIP	HOLLYWOOD FL 33024			ST-ZIP					
TITLE	DVPS	☐ Delete	TITLE				☐ Change	Addition	CR2E(
NAME	REY, JUAN		NAME				5		-
STREET ADDRESS	7050 TAFT ST		STREE	T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33024	<u> - '.</u>	CITY-	ST-ZIP					
TITLE	~	☐ Delete	TITLE				Change	☐ Addition	
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TITLE NAME		☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS				T ADDRESS				İ	
CITY-ST-ZIP				ST-ZIP					
13. hereby c	pertify that the information supplied with	this filing does not qualify for	the exen	nption stated	in Section	119.07(3)(i), Florida Statutes. I further	certify that the in	formation	
of the cor	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	wered to execute this report	as require						

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR