

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90138 001 ***150.00
 04-10-2000 90138 002 *****8.75

13440



DO NOT WRITE IN THIS SPACE

DOCUMENT # H17940

1. Entity Name

FLORIDA INVESTIGATIVE AGENCY, INC.

Principal Place of Business

Mailing Address

2648 NE 27 TERR
 FT LAUDERDALE FL 33306

2648 N.E. 27TH TERR.
 FT LAUDERDALE FL 33306-1722

2. Principal Place of Business

2648 N.E. 27 Terr

3. Mailing Address

2648 N.E. 27 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Land FLA

City & State

FT. Land. FLA

4. FEI Number

59-2416174

Applied For

Not Applicable

Zip

Country

33306 U.S.A.

Zip

Country

33306 U.S.A.

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

GEORGES, JAMES A
 2648 NE 27TH TERR.
 FT LAUDERDALE FL 33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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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.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO GEORGES, JAMES A 2648 NE 27TH TERR. FT LAUDERDALE FL 33306 | <input type="checkbox"/> Delete |
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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:

James A. Georges
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

954-565-9555

Date

Daytime Phone #

CR2E034 (9/99)