## Jun 27, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 162793 06-27-2001 90006 018 \*\*\*150.00 FLORIDA PATROL SECURITY DETECTIVES Mailing Address Principal Place of Business 2125 Biscayne Blvd. # 202 Miami, Fla., 33137 A0075082 2. Principal Place of Business 3. Mailing Address Same 2125 Biscayne Blvd. Suite, Apt. ≠. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 202 4. FEI Number City & State City & State Applied For 59-2604851 Not App icable Miami, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Miami-Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OCILIO CRUZ Street Address (P.O. Box Number is Not Acceptable) 2435 N.W. 32 Street Miami, Fla. 33142 Zip Code Mis statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida. 8. The above rapped a Ocilio Ema SIGNATURE . inted name of repistered agent and title if applicable FILE NOW! FEE IS \$150.00 o satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 201 1 Fee will be \$550.00 Make Check Payabi 1 to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back): ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change President/Director SITE F TITLE ☐ Delete NAME OCILIO CRUZ KAME. 2435 N.W. 32 Street Miami, Fla. 33142 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Secretary/Director NAME NAME BARBARA CRUZ 2435 N.W. 32 Miami , Fla, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete KAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP C-TY-ST-ZIP Change Audition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS SURFEL ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change Addition HILE ☐ Defete TITLE NAME NºME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if filing does not qualify for and accurate and that m 13. I frereby certify that the information indicated or this report or supplof the corporation or the received ed to execute this report a all other like empowered.

SIGNATURE:

FILED

Davione Phone #