

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90058 015 ***155.00

DOCUMENT # **L36263** ✓
 1. Entity Name
DADE COUNTY INVESTIGATORS Agency INC

Principal Place of Business Mailing Address
C/O JOERUIZ **C/O JOERUIZ**
190 SW 78 PLACES **190 SW 78 PLACES**
MIAMI FL 33144 **MIAMI FL 33144**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

770789

DO NOT WRITE IN THIS SPACE

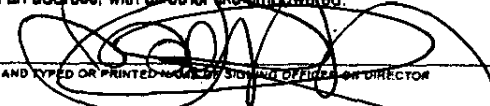
4. FEI Number **65-0174522** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
RUIZ JOSEPH
190 SW 78 TH PLACES
MIAMI FL 33144
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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
 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, 2001 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. OFFICER/DIRECTOR NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	JOE RUIZ 190 SW 78 PLACES MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
2. OFFICER/DIRECTOR NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	VA FERNANDEZ MINGH 190 SW 78 PLACES MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
3. OFFICER/DIRECTOR NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
4. OFFICER/DIRECTOR NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
5. OFFICER/DIRECTOR NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	

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 007, 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 the empowered.

SIGNATURE:  **5/8/01** **954-6051888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone