2001 UNIFORM BUSINESS REPORT (UBR)

| 200 ⁻ | 1 UNIFORM BUS | INESS REPO | RT (UBF | t) | A | FILE | | |
|---|--|--|--|--|---|--|---|-----------------------|
| DOCUMENT # L96973 1. Entity Name | | | | | Aug 14, 2001 8:00 am Secretary of State | | | |
| | CURITY AND INVESTIGATIO | N, INC. | | را ٠ | | .14-2001 90004 0 | | |
| | | | | | | | | |
| Principal Place of Business 2305 N.W. 77H ST. MIAMI FL 33125 US | | Mailing Address 2301 N.W. 7TH STREET. SUITE H MIAMI FL 33125 | | | 1 (184)(8)(8) | 18110 01110 1811) 18022 1111 21 | 8 (1 8(8 (7 8)8)(8(8 (7) | BJB)(C(B)(10B) |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | |
| 28.0 Suite, Apt. | 00 NW 32nd AVENUE #, etc. | 2800 NW 32nd AVENUE Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Stat | _ | City & State MIAMI, fl. | | | 4. FEI Number 65-0216730 Applied For Not Applicable | | | |
| Zip , | Country | Zip | Country | | 5. Certificate of Sta | atus Desired | \$8.75 Add | ditional |
| 3.3.1 | 42 MTAMT-DADE 6. Name and Address of Current | 33142 Registered Agent | MIAMI-DA | | 7. Name and Add | ress of New Register | Fee Require ed Agent | a |
| ESPINOSA, JORGE M. — ESP | | | | | NOSA, JO | | | |
| espinos. 2305 NW | • | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) 2800 NW 32 AVENUE | | | | |
| MIAMI FL 33125 | | | | 2000 | · | Y.ENUE | | |
| City | | | | MIAM | 4 T | | EL Zip Cod | |
| 8. The above | e named enjity submits this statement for | r the purpose of changing its | registered office or | | | the State of Florida. | 1.3.3 | |
| | Maritisha | (LA) Touch | HE COMO | | | 00/0 | | |
| SIGNATURE` | | and title if applicable. (NOT | E: Registered Agent signatur | e required w | hen reinstating) | 08 <u>/ (</u> | <u>17/01</u> | |
| Tax filing equirement and elects to do so. After Septemb | | | !!! FEE IS \$550.0 2, 2001 Fee will be ble to Department | \$750.00 | Trust Fu | Campaign Financing nd Contribution. | | 0 May Be d to Fees |
| 11. | OFFICERS AND | | 12. | | · · · · · · · · · · · · · · · · · · · | NGES TO OFFICERS A | | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ESPINOSA, JORGE M. 2305 NW 7TH ST MIAMI FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PSTD ESPINOSA, | JORGE M. | ☆ Change \ | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ESPINOSA, JORGE R. 2111 NW NO RIVER DR,C112 MIAMI FL | ☐ X Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ۱ ٧ | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | STD PASTRANA, VICTOR 425 NE 22ND ST., #7 MIAMI FL | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ه کارد مید | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | THE WILL I | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME ' STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | ☐ Change | Addition |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w | true and accurate and that r wered to execute this report | ny signature shall ha: as required by Chap | ve the sau | me legal effect as if | made under oath: tha | it Lam an officer | or director |

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR