2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # M76642 **Secretary of State** DELTA PROTECTIVE SERVICES, INC. 03-03-2000 90262 044 ***150.00 Principal Place of Business Mailing Address 8198 W FLAGLER ST 8198 W FLAGLER ST MIAMI FL 33144-2148 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 2351 73.51 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0043866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, JULIAN D Street Address (P.O. Box Number is Not Acceptable) 8198 W FLAGLER ST **MIAMI FL 33144** nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names JULIAN D. GONZALEZ SIGNATURE FILE NOW!!! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDTS Change ☐ Addition PD ☐ Delete TITI F GONZALEZ JULIAN D. GONZALEZ, JULIAN D NAME 2351 N.W. 97 AUE. STREET ADDRESS 8198 W FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAN CITY-ST-ZIP MIAMI FL 33144 Change Addition VSTD ☐ Delete TITLE TITLE WILFRODO BARRIOS BARRIOS, WILFREDO NAME NAME 2351 N.W. STREET ADDRESS 8198 W. FLAGLER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 frue and accurate anothrat 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 frusted 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 application. ULIAN D GONZALEZ = /23/20 SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE AND TYP