

AMENDED

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 AUG 12 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M86935

1. Entity Name

DCS INVESTIGATIONS, INC.

Principal Place of Business **Mailing Address**

318A S.W. 12 Avenue SAME
Miami, Florida 33013

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**

65-0074734 ☐ Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

☒ ☐

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ana M. Vidal
621 E. 48th Street
Hialeah, Florida 33013

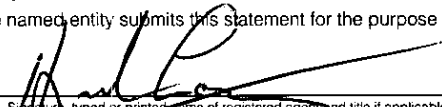
7. Name and Address of New Registered Agent

Name Humberto Lopez

Street Address (P.O. Box Number is Not Acceptable)
318A S.W. 12 Avenue
Miami, Florida 33130

City Miami, FL Zip Code 33130

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  , **HUMBERTO LOPEZ** **DATE** 7/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Guillermina Delgado 318A S.W. 12 Avenue Miami, Florida 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose M. Delgado 318A S.W. 12 Avenue Miami, Florida 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD Lopez, Humberto 318A S.W. 12 Avenue Miami, Florida 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DATE** 15 July 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 701469 9376A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 61.25

ORDER DATE : August 22, 2002

ORDER TIME : 2:19 PM

ORDER NO. : 701469-010

CUSTOMER NO: 9376A

CUSTOMER: George Lott, Esq
Lott & Levine
Dadeland Centre
9155 S Dadeland Blvd. Ste 1014
Miami, FL 33156

ANNUAL REPORT FILING

*****FILE SECOND*****

NAME: DCS INVESTIGATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell-EXT#1155

EXAMINER'S INITIALS: _____

RECEIVED
02 AUG 22 PM 4:03
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE
TAXES
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