

3/13

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90085 042 \*\*\*150.00

**DOCUMENT # P00000086862**

1. Entity Name

**J. COLLASO PRIVATE INVESTIGATION, INC.**

Principal Place of Business

Mailing Address

16383 N. MIAMI AVE.  
MIAMI FL 3316916383 N. MIAMI AVE.  
MIAMI FL 33169

2. Principal Place of Business

6160 SW 85 Street

3. Mailing Address

6160 SW 85 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL.City & State  
Miami, FL.

4. FEI Number

65-1038997

Applied For

Not Applicable

Zip  
33143Country  
USAZip  
33143Country  
USA5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLASO, JOE H  
16383 N. MIAMI AVE.  
MIAMI FL 33169Name  
Joe H. Collaso

Street Address (P.O. Box Number is Not Acceptable)

6160 SW 85 Street

City  
Miami

FL

Zip Code  
33143

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 Joe H. Collaso Owner

Signature, typed or printed name of registered agent and title if applicable.

*Joe H. Collaso*

(NOTE: Registered Agent signature required when reinstating)

03/09/2001

DATE

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLASO, JOE H 16383 N. MIAMI AVE. MIAMI FL 33169	<input type="checkbox"/> Delete
------------------------------------------------	---------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Collaso, Joe H 6160 SW 85 Street Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joe H. Collaso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2001 (305)332-9453

Date

Daytime Phone #

CR2E034 (10/00)