

02 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 11 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090564

1. Entity Name

Dignitary Protection & Investigation
Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17994 SW 97 Ave.

3. Mailing Address

17994 SW 97 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

Miami, Florida

City & State

Miami Florida

Zip

Country

33157

USA

Zip

Country

33159

USA

4. FEI Number

65-1052930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANGEL M. AGOSTO

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

7761 SW 88ST APT D307

City

Miami

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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 *Angel M. Agosto*

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

ANGEL M. AGOSTO

(NOTE: Registered Agent signature required when reinstating)

12/9/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	President
NAME	NETOW, JAMES
STREET ADDRESS	17030 S. DIXIE Hwy
CITY-ST-ZIP	Miami FL, 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

000009472000
12/11/02--01060--016 **300.00

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Newton J. Agosto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/02 (786) 573-5000

Date

Daytime Phone #