

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 041 ***150.00

DOCUMENT # P00000090564

1. Entity Name

DIGNITARY PROTECTION & INVESTIGATION CORPORATION



Principal Place of Business

17994 SW 97 AVE
101
MIAMI FL 33157

Mailing Address

17994 SW 97 AVE
101
MIAMI FL 33157

2. Principal Place of Business

17994 SW 97 Ave

Suite, Apt. #, etc.

101

City & State

Miami FL

Zip

33157

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1052930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AGOSTO, ANGEL M
7761 SW 88 STREET APT D307
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name NATHAN D. CLARK ESQ.
Street Address (P.O. Box Number is Not Acceptable)
17639 South Dixie Hwy
City MIAMI FL Zip Code 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE NATHAN D. CLARK Nathan D. Clark

8-28-03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NETOW, JAMES
STREET ADDRESS 17030 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03 (716) 573-5000
Date Daytime Phone #

CR2E034 (4/03)

Attachment

86142260

#P00000090564



**DIGNITARY PROTECTION &
INVESTIGATION CORPORATION**

179-94 SW 97TH AVE. SUITE # 101
MIAMI, FLORIDA 33157
PHONE # (786) 573-5000
FAX # (786) 573-5001

August 28, 2003

Division of Corporations
P.O BOX 6327
Tallahassee FL, 32314

Re: request for waiver of \$400.00

To Whom It May Concern: Please except this as an apology and a request for waiver of the late fee of \$400.00 as our mailman placed our mail in the wrong box. This can be easily proven by a letter to the division from the postal service please except this and included is a check for \$150.00 which would have been paid on time providing we received the correspondence on time.

Thank you for your time in this matter

Sincerely, Salvatore Echo
Chief financial Officer