

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 010 ***150.00

DOCUMENT # P00000103339
1. Entity Name
PENINSULA INVESTIGATIVE BUREAU, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>14629 S.W. 104 ST</u> Suite, Apt. #, etc. <u># 340</u> City & State <u>MIAMI, FL</u> Zip <u>33186</u> Country <u>FLORIDA</u>		3. Mailing Address <u>14629 S.W. 104 ST</u> Suite, Apt. #, etc. <u># 340</u> City & State <u>MIAMI, FL</u> Zip <u>33186</u> Country <u>FLORIDA</u>	
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4. FEI Number <u>043592698</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GIL COLON</u>
Street Address (P.O. Box Number is Not Acceptable) <u>14629 S.W. 104 ST</u>
<u># 340</u>
City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33186</u>

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 GIL COLON, PDST Gil Colon 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PDST</u> <u>GIL COLON</u> <u>14629 S.W. 104 ST # 340</u> <u>MIAMI, FL 33186</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gil Colon GIL COLON, PDST 04-29-02 (305) 824-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #