

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90382 033 \*\*\*150.00

**DOCUMENT # P01000015621**

1. Entity Name  
**BUCKINGHAM POLICE SUPPLY, INC.**



Principal Place of Business  
**8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166**

Mailing Address  
**8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166**

2. Principal Place of Business  
**1150 NW 72nd Ave**

3. Mailing Address  
**P.O. Box 523498**

Suite, Apt. #, etc.  
**Suite 750**

Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State  
**Miami Florida**

4. FEI Number  
**651082142**

Applied For  
☐ Not Applicable

Zip  
**33126**

Country  
**USA**

Zip  
**33152**

Country  
**USA**

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

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**FERNANDEZ, ALBERT  
8600 NW 53RD TERR  
SUITE 220  
MIAMI FL 33166**

## 7. Name and Address of New Registered Agent

Name  
**Fernandez, Albert**  
Street Address (P.O. Box Number is Not Acceptable)  
**1150 NW 72nd Ave**  
**Suite 750**  
City  
**Miami** FL Zip Code  
**33126**

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 **Albert Fernandez** 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P FERNANDEZ, ALBERT  
8600 NW 53RD TERR  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P Fernandez, Albert  
1150 NW 72nd Ave, Suite 750  
Miami FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Albert Fernandez** 4/29/03 305-477-1832  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)