

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 007 ***150.00

DOCUMENT # *P01000031056*

1. Entity Name

INTERPOL Protective Agency, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16352 S.W. 66 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FLA

City & State

FLA

Zip

33331

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jose N Gonzalez

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

16352 SW 66 STREET

City

Pembroke Pines

FL

Zip Code

33331

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

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 / TREASURER*
NAME *JOSE N GONZALEZ*
STREET ADDRESS *16352 S.W. 66 STREET*
CITY-ST-ZIP *PEMBROKE PINES FL 33331*

TITLE *VO*
NAME *MARC E. JUDY*
STREET ADDRESS *1005 NW 175TH STREET*
CITY-ST-ZIP *NORTH MIAMI FL 33161*

TITLE *D*
NAME *MIKE GONZALEZ*
STREET ADDRESS *23550 SW 153 COURT*
CITY-ST-ZIP *HOUSTON, FLA 33137*

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IN THIS SPACE**

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02 (954) 252-6655