

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90734 005 ***150.00

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DOCUMENT # P01000036448

1. Entity Name
SPECIAL PATROL TRAINING INSTITUTE, INC.



Principal Place of Business
10621 NW 21 CT
PEMBROKE PINES FL 33026

Mailing Address
10621 NW 21 CT
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

1106 Johnson St.

PO Box 2926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood

Hallandale

Zip

Zip

33019

33008

Broward

Broward

4. FEI Number 65-1095583

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

7. Name and Address of New Registered Agent

HARROLD, ANDREA
10621 NW 21 CT
PEMBROKE PINES FL 33026

Name
THOMAS BUCHANAN
Street Address (P.O. Box Number is Not Acceptable)
545 NW 202 TERR

City MIAMI **FL** **Zip Code** 33169

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BORALLA, MONTSERRAT
STREET ADDRESS 1106 JOHNSON ST
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE VSTD ☐ Delete
NAME HARROLD, ANDREA
STREET ADDRESS 10621 NW 21 CT
CITY-ST-ZIP PEMBROKE PINES FL 33026

☒ Change ☐ Addition
NAME 545 NW 202 TERR
STREET ADDRESS MIAMI
CITY-ST-ZIP FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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

3/12/03

Date

Daytime Phone #

CR2E034 (10/02)