

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-28-2002 90028 017 ***150.00

DOCUMENT # P01000066413

1. Entity Name

**SPECIAL CONSULTING AND INVESTIGATION SERVICES CO
 RP.**

Principal Place of Business

**223 E. FLAGLER STREET
 MIAMI FL 33131**

Mailing Address

**223 E. FLAGLER STREET
 MIAMI FL 33131**

2. Principal Place of Business

139 E. FLAGLER ST.
 Suite, Apt. #, etc.

3. Mailing Address

139 E. FLAGLER ST.
 Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-1136257

Applied For

Not Applicable

Zip
33131

Country

FLA.

Zip
33131

Country

FLA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDAZZO, VICTOR HUGO
 223 E. FLAGLER STREET
 MIAMI FL 33131**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **RANDAZZO, VICTOR HUGO**
 STREET ADDRESS **223 E. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **RANDAZZO, GUILLERMO J**
 STREET ADDRESS **223 E. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
 NAME **RANDAZZO, LUIS**
 STREET ADDRESS **223 E. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **DE RANDAZZO, LYDIA JUANA B**
 STREET ADDRESS **223 E. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **EL HILON, WALTER ABIEL**
 STREET ADDRESS **139 E. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address with all powers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)