

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90131 023 \*\*\*158.75

DOCUMENT # P01000068948

1. Entity Name  
FIELD VERIFICATIONS ASSOCIATES, INC.



Principal Place of Business  
17542 N.W. 87TH PLACE  
MIAMI FL 33018

Mailing Address  
17542 N.W. 87TH PLACE  
MIAMI FL 33018



2. Principal Place of Business

3. Mailing Address

15829 NW 82ct  
Suite, Apt. #, etc.

15829 NW 82ct  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI LAKES FL

City & State  
MIAMI LAKES FL 33016

4. FEI Number 65-1121525

Applied For  
Not Applicable

Zip  
33016

Country  
MIAMI-DADE

Zip  
33016

Country  
MIAMI-DADE

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

OTAZO, SERGIO R  
17542 N.W. 87TH PLACE  
MIAMI FL 33018

Name OTAZO, Sergio R.  
Street Address (P.O. Box Number is Not Acceptable)  
15829 NW 82ct  
City MIAMI LAKES FL Zip Code 33016

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 SERGIO R. OTAZO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME OTAZO, SERGIO R  
STREET ADDRESS 17542 N.W. 87TH PLACE  
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE D  
NAME OTAZO, Sergio R.  
STREET ADDRESS 15829 NW 82ct  
CITY-ST-ZIP MIAMI LAKES, FL 33016 ☒ Change ☐ Addition

TITLE D  
NAME OTAZO, CARY M  
STREET ADDRESS 17542 N.W. 87TH PLACE  
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE D  
NAME OTAZO, CARY M.  
STREET ADDRESS 15829 NW 82ct  
CITY-ST-ZIP MIAMI LAKES, FL 33016 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED. R. OTAZO

1/13/03 305-823-9793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)