

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

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90159 030 \*\*\*150.00

**DOCUMENT #** P01000073837

1. Entity Name

FEDERAL DETECTIVE SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

20007 NW 53rd Ct. Lot 282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Opa Locka, FL 33055

Zip

Country

Zip

Country

33055

Miami Dade

4. FEI Number

65-1124981

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

EYLEN FERNANDEZ

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

20007 NW 53rd Ct. Lot 282

City

Opa Locka

FL

Zip Code

33055

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

03-18-03

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 NAME

P EYLEN FERNANDEZ

STREET ADDRESS CITY-ST-ZIP

20007 NW 53rd Ct. Lot 282 Opa-Locka, Florida 33055

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

V/P PEDRO LUIS GONZALEZ

STREET ADDRESS CITY-ST-ZIP

20007 NW 53rd Ct, Lot 282 Opa-Loacka, Florida 33055

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

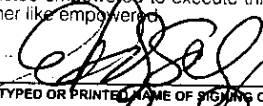
TITLE NAME

STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-03 (305) 343-4239  
Date Daytime Phone #