

2006

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90212 006 \*\*\*150.00

<b>DOCUMENT #</b> P01000099697 -
<b>1. Entity Name</b> Streetwise Investigations & Protective Services, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2640 Hollywood Blvd. Suite, Apt. #, etc. Suite 117 City & State Hollywood, FL Zip 33022-1145 Country USA	<b>3. Mailing Address</b> P.O. Box 221145 Suite, Apt. #, etc. City & State Hollywood, FL Zip 33022-1145 Country USA
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40064221

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1145123	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

**Name**  
Karp, Andrew S.  
**Street Address (P.O. Box Number is Not Acceptable)**  
13450 S.W. 3rd St.  
**Apt. D-315**  
**City**  
Hollywood **FL** **Zip Code**  
33027

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Karp, Andrew S. 13450 S.W. 3rd St., Apt. D-315 Hollywood, FL 33027	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Currea, Carolyn 400 N.E. 12th Ave., Apt. 609 Hallandale, FL 33009	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  Andrew S. Karp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-923-9898

Daytime Phone #