

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 035 ***150.00

DOCUMENT # P01000099697					
1. Entity Name Streetwise Investigations & Protective Services, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2640 Hollywood Blvd. Suite, Apt. #, etc. Suite 117 City & State Hollywood, FL Zip 33020-4830 Country USA			3. Mailing Address P.O. Box 221145 Suite, Apt. #, etc. City & State Hollywood, FL Zip 33022-1145 Country USA		
			4. FEI Number 65-1145123		
			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D/P Karp, Andrew S. 13450 S.W. 3rd St., Apt. D-315 Hollywood, FL 33027					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D/S/T Currea, Carolyn 400 N.E. 12th Ave., Apt. 609 Hallandale, FL 33009					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D/S/T Currea, Carolyn 519 N. 32 Court Hollywood, FL 33021					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 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 4/24/08		
			Daytime Phone # 954-923-9898		

CR2E034B (12/02)