

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-02-2002 90143 029 ***150.00

DOCUMENT # P01000111147

1. Entity Name

AMERICAN EAGLE PROTECTIVE SERVICE, INC.

Principal Place of Business

**1444 NW 24 ST
 MIAMI FL 33142**

Mailing Address

**1444 NW 24 ST
 MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERRADA, ALEX V
 1444 NW 24 ST
 MIAMI FL 33142**

Name **Alex V Herrada**

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

1444 NW 24 ST

City **Miami**

FL

Zip Code **33142**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRADA, ALEX V 1444 NW 24 ST MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE:

Alex V Herrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/01/02 305633592

CR2E034 (9/01)

Attachment

#PD1000111147

AMERICAN EAGLE PROTECTIVE SERVICE.

1444 NW 24 STREET

B-2000166

MIAMI, FLORIDA 33142

(305) 633-5990 ALEX@AMERICANEAGLESECURITY.COM

124522

To Whom It May Concern:

THIS IS TO INFORM YOU THAT I ALEX V HERRADA PRESIDENT OF
AMERICAN EAGLE PROTECTIVE SERVICE INC. DID NOT RECEIVE THE FIRST
NOTICE TO DO MY UBR. THIS IS MY FIRST YEAR AS A CORPORATION THIS
IS KIND OF NEW TO ME. I WAS TOLD TO WRITE THIS LETTER AND SEND IN
THE CHECK FOR \$150.00 FOR MY UBR BEFORE 09/01/02 AND THAT MY UBR
WILL BE ACCEPTED.

Thank you,
ALEX V HERRADA
PRESIDENT/CHIEF
AMERICAN EAGLE PROTECTIVE SERVICE INC.