

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

04-02-2002 90925 015 ***150.00

DOCUMENT # P01000112470

1. Entity Name

URBAN PROTECTIVE SERVICES, INC.

Principal Place of Business
 13648 DEERING BAY DRIVE
 MIAMI FL 33158

Mailing Address
 P.O. BOX 563035
 MIAMI FL 33258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80 008084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, JOHN F
11410 SW 113TH TERRACE
MIAMI FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PTD	☐ Delete
NAME	GONZALEZ, RUBEN	
STREET ADDRESS	8843 NW 48 ST CIR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	☐ Delete
NAME	DE PRADO, JOE R	
STREET ADDRESS	544 NW 136TH PLACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	ZOLCSAK, PEDRO H	
STREET ADDRESS	13648 DEERING BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	☐ Delete
NAME	KELLEY, JOHN F	
STREET ADDRESS	11410 SW 113TH TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

John F. Kelley PRESIDENT

3-27-02 305-7536738

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 28, 2002

URBAN PROTECTIVE SERVICES, INC.
P.O. BOX 563035
MIAMI, FL 33256

Subject: ~~URBAN PROTECTIVE SERVICES, INC.~~

Reference Number: P01000112470

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

See revised APPLICATION &
COPY OF INTERNAL REVENUE FEI/
ANNUAL REPORTS SECTION ASSIGNMENT NUMBER

Attachment

FTD ADDRESS CHANGE

Employer Identification Number (EIN)

OMB No. 1545-0257

An address change here changes your address on the FTD coupons only.

80-0008084 021712 3 2

Ref: # P01000 112470

URBAN PROTECTIVE SERVICES INC
PO BOX 563035
MIAMI FL 33256-3035

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New Address _____
City _____
State _____ Zip _____
Telephone Number () _____

INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 12-2000)