

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90044 038 ***150.00

MAJOR 15

DOCUMENT # P02000036512

1. Entity Name
DECEPTION CHECK POLYGRAPH AND INVESTIGATIVE SERVICES, INC.



Principal Place of Business _____ **Mailing Address** _____

2. Principal Place of Business _____ **3. Mailing Address** P.O. Box 133247

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ **City & State** HIALEAH FLA

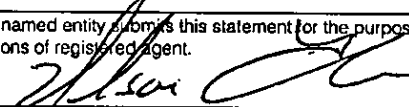
Zip _____ **Country** _____ **Zip** 33013-3247 **Country** USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDREU, NELSON SR.		Name _____	
HIALEAH FL 33012		Street Address (P.O. Box Number is Not Acceptable) CITY OF MIAMI POLICE DEPT	
		1351 NW 12TH ST. #303 COURT JUSTICE BUREAU	
		City MIAMI FL Zip Code 33125	

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  **DATE** 03/10/03

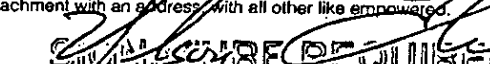
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ANDREU, NELSON SR. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDREU, NELSON SR.	NAME	
STREET ADDRESS	P.O. Box 133247	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	
TITLE	V ANDREU, MARIA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDREU, MARIA	NAME	
STREET ADDRESS	P.O. Box 133247	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	
TITLE	S ANDREU, KRISTINA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDREU, KRISTINA	NAME	
STREET ADDRESS	P.O. Box 133247	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **03/10/03** **305-541-7659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)