


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90096 017 \*\*\*550.00

DOCUMENT # <u>P02000049214</u>	
1. Entity Name <u>SPY FLORIDA INVESTIGATIVE SERVICES INC</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>19416 NW 83 RD CT</u>	3. Mailing Address <u>19416 NW 83 RD CT</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>
Zip <u>33015</u>	Country <u>USA</u>

4. FEI Number <u>20-0136571</u>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name <u>LEONARDO SANCHEZ</u>
Street Address (P.O. Box Number is Not Acceptable) <u>19416 NW 83 RD CT</u>
City <u>MIAMI</u> FL Zip Code <u>33015</u>

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT, DIRECTOR, TREASURER</u> <u>19416 NW 83 RD CT</u> <u>MIAMI FL 33015</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PAULA BELLO SANCHEZ</u> <u>19416 NW 83 RD CT</u> <u>MIAMI FL 33015</u>	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: LEONARDO SANCHEZ 8/20/03 3053366654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)