2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other-life

SIGNATURE:

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OF SIGNING OFFICER OR DIRECTOR

Mar 13, 2001 8:00 am DOCUMENT # P93000083023 **Secretary of State** 1. Entity Name NATIONAL PROTECTIVE AGENCY, INC. 03-13-2001 90305 002 ***150.00 Principal Place of Business Mailing Address 9740 SW 124 CT. 9740 SW 124 CT. MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 1935 S.D. 24 steet 7935 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0454394 Not Applicable سقدا Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155 U.S. A Fee Required ' U.S.A. 33155 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name silva, loubbés Box Number is Not Acceptable) 8360 WEST FLAGLER ST. Mami Fl Fl City Minon 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TIT! F **PRESIDENT** Delete SILVA, LOURDES NAME NAME 9740 SW_124-CT STREET ADDRESS STREET ADDRESS 935 2 · CITY-ST-ZIP MHAMIFL 33186 CITY-ST-ZIP PSTD. TITLE TITLE ☐ Change DURAN, PEDRO-NAME NAME 1375 W. 41 ST., APT. 3 STREET ADDRESS STREET ADDRESS 351EE CITY-ST-7IP MHAMI.FL CITY-ST-ZIP Army FL OFETARY -- REASURER Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change , ☐ Addition TITLE TITLE 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-2IF 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

FILED