

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 039 ***150.00

DOCUMENT # 9940000.63976
 1. Entity Name F.A.D. Detective & Security Svcs INC

Principal Place of Business _____ Mailing Address _____

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2. Principal Place of Business 2911 NW 87 St.
 Suite, Apt. #, etc. _____
 City & State MIAMI FLORIDA.
 Zip 33147 Country MIAMI DADE

3. Mailing Address _____
 Suite, Apt. #, etc. _____
 City & State _____
 4. FEI Number 650519098 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

0006113

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME <u>FRANK AITAMIRANO</u> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <u>PRBSIDENT.</u>	
CITY-ST-ZIP <u>2911 NW 87 St. MIAMI FL 33147</u>	
TITLE NAME <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: [Signature] Date 6/15/00 Daytime Phone # 305-693-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)