Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90145 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081549

1. Corporation Name

NATIONWIDE DETECTIVE AGENCY, INC.

Principal Place	e of Business	Mailing Address		···						
2001 NW 7-8T. 11291 SW 265t. SUITED MIANI, FL 3316T		SUITE-D BY	2301 NW 7 ST. 11291 SW 265 SUITED MANNY FL 32165			DO NOT W	IDITE IN THIS	CDACE		
MIAMI FL 3312	5.	MIAMI FL 33125	,	. •		3. Date Incorporated or Qualif	RITE IN THIS	SPACE		l
	•					11/04/1994				ì
2. Principal P	Place of Business	2a. Mailing Address	}			4. FEI Number		Ap	plied For	l
21		26	26			65-0535956		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	i 🗆	\$8.75 A Fee Re		
City & State	e	City & State	-			6. Election Campaign Financi	ng [_]	•	May Be	
23	1	28				Trust Fund Contribution		Added t	o Fees	1
Zip 24	Country 25	Zip 29	30 30	untry		This corporation owes the opersonal Property Tax.		Yes	Mo	
	9. Name and Address of Curre	ent Registered Agent		04		10. Name and Address of Ne	w Registered	Agent	·	ĺ
OLIV.	/A, REINALDO			81	Name	•				
	91 SW 26 ST.	•		82	Street Addre	ess (P.O. Box Number is Not Acce	eptable)			l
	MI FL 33165			83						1
11112 01								, ,		l
	. •			84	City		FI	85 Zip C	Code	1
44 Dumuent		02 and 607 1508 Elorida	C4-4-4 4b			oration submits this statement for	the purpose of	changing its	registered	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change pations of, Section 607.050	was authorize 5, Florida Sta	ed by th itutes.	ne corporatio	on's board of directors. I hereby ac	cept the appoi	ntment as reç	gistered	
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.