

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000023243**

1. Entity Name

BRIT-AM INVESTIGATIVE SERVICES, INC.**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90060 025 ***150.00

Principal Place of Business

Mailing Address

**5397 ORANGE DR
SUITE 204
DAVIE FL 33314****5397 ORANGE DR
SUITE 204
DAVIE FL 33314****00025275**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0568335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYER, ROBERT M
PEARSON AND MAYER PA
2474 SW 27TH TERRACE
MIAMI FL 33133****Mario G. Loaiza**
Street Address (P.O. Box Number is Not Acceptable)
5397 Orange Dr #204
City **Davie** FL Zip Code **33314**

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 *Mario G. Loaiza* **MARIO G. LOAIZA, PRESIDENT BRIT-AM 2/15/2001**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** ☒ Delete
NAME **BOADEN, JOHN**
STREET ADDRESS **4495 SW 67 TERRACE 204**
CITY-ST-ZIP **DAVIE FL**TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MARIO G. LOAIZA**
STREET ADDRESS **5397 ORANGE DR, SUITE 204**
CITY-ST-ZIP **DAVIE, FL 33314**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **VIOLETA C. LOAIZA**
STREET ADDRESS **5397 ORANGE DR, SUITE 204**
CITY-ST-ZIP **DAVIE, FL 33314**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TREASURER** ☐ Change ☒ Addition
NAME **MARIO E. LOAIZA JR**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario G. Loaiza **MARIO G. LOAIZA****2/15/2001**

Date

(954) 791-8469

Daytime Phone #

CR2E034 (10/00)