

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 26, 2000 8:00 am  
Secretary of State  
05-26-2000 90100 028 \*\*\*150.00

DOCUMENT #: P95000093429  
Entity Name

DESRON PROTECTIVE SERVICES OF SOUTH FLORIDA INC

Principal Place of Business      Mailing Address  
11401 SW 40 ST #320      11401 SW 40 ST # 320  
Miami FL 33165      Miami FL 33165

Principal Place of Business      3. Mailing Address  
7171 Coral Way      7171 Coral Way  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
209      209  
City & State      City & State  
Miami FL      Miami FL  
Zip      Zip      Country      Country  
33155      33155      Dade      Dade

741097  
DO NOT WRITE IN THIS SPACE  
4. FEI Number      Applied For  
65-0679913      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Blanco, Ismael  
11401 SW 40 ST #320  
Miami FL 33165

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
7171 Coral Way # 209  
City      FL      Zip Code  
Miami      33155

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      ISMAEL BLANCO      4-27-00  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	Blanco, Ismael	NAME	Blanco, Ismael
STREET ADDRESS	11401 SW 40 St # 320	STREET ADDRESS	2286 W 74 ST # 102
CITY-ST-ZIP	Miami FL 33165	CITY-ST-ZIP	Hialeah FL 33016
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:      ISMAEL BLANCO      4-27-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #