

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016330

1. Entity Name

BLUE KNIGHTS PROTECTIVE SYSTEMS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90154 003 ***150.00

Principal Place of Business

Mailing Address

~~275 FONTAINEBLEAU BLVD SUITE 235~~
 MIAMI FL 33172

~~275 FONTAINEBLEAU BLVD SUITE 235~~
 MIAMI FL 33172-4576

2. Principal Place of Business

3. Mailing Address

10500 NW 26 St

10500 NW 26 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33172

USA

33172

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCON, ANDRES I

~~275 FONTAINEBLEAU BLVD~~
~~SUITE 235~~
 MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

10500 NW 26 St

Suite 102

City

MIAMI

FL

Zip Code

33172

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 ANDRES I FALCON

Andres I Falcon

3/15/2000

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 ☐ Delete
 NAME D
 STREET ADDRESS FALCON, ANDRES I
 CITY-ST-ZIP ~~275 FONTAINEBLEAU BLVD SUITE 235~~
 MIAMI FL 33172

TITLE ☐ Change ☐ Addition
 NAME 10500 NW 26 ST # 102
 STREET ADDRESS MIAMI FL 33172
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROJAS, JORGE E
 CITY-ST-ZIP ~~275 FONTAINEBLEAU BLVD SUITE 235~~
 MIAMI FL 33172

TITLE ☐ Change ☐ Addition
 NAME ↑
 STREET ADDRESS SAME
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, ALEJANDRO J
 CITY-ST-ZIP ~~275 FONTAINEBLEAU BLVD SUITE 235~~
 MIAMI FL 33172

TITLE ☐ Change ☐ Addition
 NAME ↑
 STREET ADDRESS SAME
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VILLACIS, ROMULO O
 CITY-ST-ZIP ~~6210 SW 25 ST~~
 MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME ↑
 STREET ADDRESS SAME
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

3/15/2000 468-8860

CR2E034 (9/99)