

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90384 047 ***185.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000092675 1. Entity Name DADELIN SECURITY AND INVESTIGATIVE SERVICES CORP.					
Principal Place of Business 1035 NE 125TH ST STE 308 NO MIAMI, FL 33161		Mailing Address 1035 NE 125TH ST STE 308 NO MIAMI, FL 33161			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0794214	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGBEYEGBE, JOHN O 1035 NE 125TH ST STE 308 NO MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)	
FILE NOW!!! FEE IS: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGBEYEGBE, CELIA T 1035 NE 125TH ST STE 308 NO MIAMI, FL 33161	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ST-PREUX JOSEPH, JOANNE 1035 NE 125TH ST STE 308 NORTH MIAMI, FL 33161	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T KAYODE ADIGUN 1035 NE 125TH ST STE 308 NO MIAMI, FL 33161	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: <i>John O. Abeygbe</i> 4/30/03 (305) 761-1777					

90120942



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)