

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**  
 08-15-2001 90001 035 \*\*\*150.00

0118733 AT

**DOCUMENT # P96000094369**

1. Entity Name  
**FLORIDA STATE SECURITY AND INVESTIGATION CORP.**



Principal Place of Business  
 P.O. BOX 210291  
 W. PALM BEACH FL 33421

Mailing Address  
 P.O. BOX 210291  
 W. PALM BEACH FL 33421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2889 10TH AVE NORTH**

3. Mailing Address

Suite, Apt. #, etc.  
**302**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH FL**

City & State

4. FEI Number  
**65-0714998**

Applied For  
 Not Applicable

Zip  
**33461**

Country  
**USA**

Zip

Country

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

**MITCHELL PRICE**  
**3011 EXCHANGE CT 103**  
**WEST PALM BCH FL 33409**

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

**2889 10TH AVE. N. #302**  
 City **LAKE WORTH** **FL** Zip Code **33461**

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 \_\_\_\_\_  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MITCHELL PRICE</b> <b>3011 EXCHANGE CT 103</b> <b>WEST PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEHZAD SHIRAZPOUR</b> <b>3011 EXCHANGE CT 103</b> <b>WEST PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2889 10TH AVE N. #302</b> <b>LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2889 10TH AVE N. #302</b> <b>LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Signature Required**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/01 561-649-7770**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc # P96000094369  
A0081116

08/07/01

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL  
32302-1500

RE: Florida State Security & Investigation, Corp  
FEI #65-0714998  
Document # P96000094369

ABS of Florida State, Corp  
FEI #65-0951616  
Document #P99000085952

To Whom It May Concern:


The two second notices enclosed for the 2001 UBR are the first statements we've received this year. At no time did we receive the original notice with the filing deadline of May 1, 2001.

As we have been filing our reports in a timely manner in the past, we respectfully request that you waive the \$400.00 penalty for each of the corporations named above.

At this time we have submitted the \$150.00 for each. Please let us know if this will be acceptable.

Your prompt attention to this matter will be greatly appreciated.

Respectfully,



Mitchell Price  
Registered Agent and Officer  
From both above named corporations