

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90037 008 ***150.00

DOCUMENT # P96000101082

1. Entity Name
J.V. SECURITY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 255 NW 70TH STREET 4141 N. MIAMI AVE SUITE 211 MIAMI, FL 33127	Mailing Address P.O. BOX 380692 MIAMI FL 33238-0692 US
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2. Principal Place of Business 4141 NORTH MIAMI AVE Suite, Apt. #, etc. SUITE 211 City & State MIAMI, FLORIDA Zip 33127 Country U.S.A.	3. Mailing Address P.O. BOX 380692 Suite, Apt. #, etc. City & State MIAMI, FLORIDA Zip 33238 Country U.S.A.
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4. FEI Number 65-0731195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALSAINT, JEAN ROBERT
360 SW 67TH TERRACE
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **VALSAINT, JEAN ROBERT** *[Signature]* DATE **04-28-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALSAINT, JEAN ROBERT 451 NE 177TH STREET NORTH MIAMI FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALSAINT, ROSE MARIE 451 NE 177TH STREET NORTH MIAMI FL 33162 <input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VALSAINT, JEAN ROBERT 360 SW 67 TERRACE PEMBROKE PINES, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VALSAINT, ROSE MARIE 360 SW 67 TERRACE PEMBROKE PINES, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 empowers.

SIGNATURE: **JEAN ROBERT VALSAINT** *[Signature]* DATE **04-28-00** DAYTIME PHONE # **(305) 576-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (9/99)