

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90034 013 ***150.00

DOCUMENT # P96000101814

1. Entity Name

KEMP SECURITY & INVESTIGATIVE SERVICES INC.

Principal Place of Business

**2340 S STATE RD 7
 MIRAMAR FL 33023**

Mailing Address

**P.O. BOX 471614
 MIAMI FL 33247**

B0052039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5930 SW 21 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

4. FEI Number

59-3416335

Applied For

Not Applicable

Zip

FL 33025

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ADERINOKUN, ADEOLA C
 5903 S.W. 21ST STREET
 HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **Joe Faals**

Street Address (P.O. Box Number is Not Acceptable)
5903 SW 21 Street

City **Hollywood**

FL

Zip Code **33025**

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 **Joe Faals**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/02

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, 2002 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 **PD** ☒ Delete
 NAME **FALUADE, J SR**
 STREET ADDRESS **5903 SW 21 STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **Faals, Joe**
 STREET ADDRESS **5903 SW 21 Street**
 CITY-ST-ZIP **Hollywood FL 33023**

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

TITLE ☐ Change ☐ Addition
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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: **Joe Faals**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E034 (9/01)