

2001 UNIFORM BUSINESS REPORT (UBR)**AMENDED FILED****DOCUMENT # P96000101814**1. Entity Name
KEMP SECURITY & INVESTIGATIVE SERVICES INC**02 APR 18 PM 1:58****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business
**5903 SW 21 STREET
HOLLYWOOD FL 33025**
Mailing Address
**PO BOX 471614
MIAMI FL 33247**2. Principal Place of Business
1031 IVES DAIRY ROAD
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
City & State
MIAMI FL
4. FEI Number **59-3416335**
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
**JOE FAALS
5903 SW 21 STREET
HOLLYWOOD FL 33025**
7. Name and Address of New Registered Agent
Name **JOE FALUADE**
Street Address (P.O. Box Number is Not Acceptable)
1031 IVES DAIRY ROAD
City **MIAMI** **FL** Zip Code **33179**

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 Faluade* **JOE FALUADE** **4/16/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	PD FAALS, JOE 5903 SW 21 STREET HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FALUADE, JOE 1031 IVES DAIRY ROAD MIAMI FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: *Joe Faluade* **JOE FALUADE** **4/16/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

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