

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102920

1. Entity Name

FIDELITY INVESTIGATIONS CORP.

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

05-24-2000 90072 034 \*\*\*150.00

Principal Place of Business

2000 S DIXIE HWY  
 SUITE 104A  
 COCONUT GROVE FL 33133

Mailing Address

2000 S DIXIE HWY  
 SUITE 104A  
 COCONUT GROVE FL 33133-2441

2. Principal Place of Business

3. Mailing Address

P.O. BOX 520904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI, FLORIDA

4. FEI Number

65-0715776

Applied For

Not Applicable

Zip

Country

Zip

33152

Country

DADE

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

VELUNZA, B. ALEXSANDER  
 2000 S DIXIE HWY  
 SUITE 104A  
 COCONUT GROVE FL 33133

Name

BERT VELUNZA

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

1390 NW 16 ST

City

MIAMI

FL

Zip Code

33125

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)

BERT VELUNZA

03/21/2000

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **VELUNZA, B. ALEXSANDER**  
 STREET ADDRESS **2000 S DIXIE HWY**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DIRECTOR/PRESIDENT** ☐ Change ☒ Addition  
 NAME **HAROL VALDEZ**  
 STREET ADDRESS **1360 NW 16 STREET**  
 CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR/SECRETARY** ☐ Change ☒ Addition  
 NAME **BERT VELUNZA**  
 STREET ADDRESS **1360 NW 16 ST**  
 CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

03/21/2000

Date

(305) 285-0101

Daytime Phone #