

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P96000102920**

1. Entity Name

**FIDELITY INVESTIGATIONS CORP.**

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

MIAMI, FLORIDA

4. FEI Number

65-0715776

Applied For

Not Applicable

Zip

Country

Zip

Country

33152

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

**BERT VELUNZA**

(NOTE: Registered Agent signature required when reinstating)

**03/21/2000**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR/PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VELUNZA, B. ALEXSANDER</b>	NAME	<b>HAROL VALDEZ</b>
STREET ADDRESS	<b>2000 S DIXIE HWY</b>	STREET ADDRESS	<b>1300 NW 16 STREET</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	CITY-ST-ZIP	<b>MIAMI, FL 33125</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR/SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>BERT VELUNZA</b>
STREET ADDRESS		STREET ADDRESS	<b>1300 NW 16 ST</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33125</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/21/2000**

Date

**(305) 285-0101**

Daytime Phone #