

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015788

1. Entity Name

CERTIFIED ALERT OPERATIONS, INCORPORATED

Principal Place of Business

Mailing Address

251 SW 35 AVE
DEERFIELD BCH. FL 33441

C/O AIG
1919 NE 45 ST #225
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

1919 NE 45 St Suite 118
Suite, Apt. #, etc.
FT LAUDERDALE, FL

P.O. Box 4125
Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BCH, FL

Zip

33308 Broward

Zip

33442 Broward

4. FEI Number

65-0731822

Applied For

Not Applicable

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

CAO, JOHNNY P
251 SW 35 AVE
DEERFIELD BCH. FL 33441

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CAO, JOHNNY P 251 SW 35 AVE DEERFIELD BCH. FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERA, ANTONIO 101 NW 25 AVE MIAMI FL 33128	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

(954) 520-0249
Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90160 005 ***150.00

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DO NOT WRITE IN THIS SPACE

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