

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90080 040 ***150.00

DOCUMENT # P97000024185

1. Entity Name

SOUTH FLORIDA K-9 SERVICES INC.

Principal Place of Business

1160 W 53 ST 1
HIALEAH FL 33012
US

Mailing Address

1160 W 53 ST
HIALEAH FL 33012
US

R0054812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1160 W. 53 ST. HIALEAH

3. Mailing Address

1160 W. 53 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

4. FEI Number **65-0753516**

Applied For

Not Applicable

Zip

33012

Country

Zip

33012

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, JORGE L
1160 W. 53 ST.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **ESPINOZA, JORGE L.**

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

1160 W. 53 ST.

City

HIALEAH

FL

Zip Code

33012

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

Jorge L. Espinoza

04/20/01.

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ESPINOZA, JORGE	
STREET ADDRESS	1160 W 53 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESPINOZA, ALEYDA	
STREET ADDRESS	1160 W 53 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jorge L. Espinoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)