

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90806 035 \*\*\*150.00

0153264 AV

**DOCUMENT # P97000032684**

1. Entity Name

**AMED PATROL OF FLORIDA, INC.**



Principal Place of Business  
5255 WEST 26TH COURT  
HIALEAH FL 33016

Mailing Address  
5255 WEST 26TH COURT  
HIALEAH FL 33016

2. Principal Place of Business

**21960 S.W. 104 CT.**

3. Mailing Address

**21960 S.W. 104 CT.**

Suite, Apt. #, etc.

**APT #105**

Suite, Apt. #, etc.

**APT. #105**

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

Zip

**33190**

Country

Zip

**33190**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0743295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, JOSE A**  
**21975 SW 104 COURT**  
**MIAMI FL 33190**

7. Name and Address of New Registered Agent

Name

**GARCIA, JOSE A**

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

**21960 S.W. 104 CT APT 105**

City

**MIAMI**

**FL**

Zip Code

**33190**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Jose A Garcia**

**4-23-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **BASSANINI, RENZO**  
STREET ADDRESS **181 WEST SIDE**  
CITY-ST-ZIP **FREEPORT NY 11520**

TITLE **VD** ☐ Delete  
NAME **GARCIA, JOSE A**  
STREET ADDRESS **21975 SW 104 CT., APT. 105**  
CITY-ST-ZIP **MIAMI FL 33190**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
NAME **BASSANINI, RENZO**  
STREET ADDRESS **9000 ROYAL PALM BLVD APT. E-602**  
CITY-ST-ZIP **CORAL SPRINGS - FL 33065**

TITLE **VD** ☒ Change ☐ Addition  
NAME **GARCIA, JOSE A**  
STREET ADDRESS **21960 S.W. 104 CT. APT 105**  
CITY-ST-ZIP **MIAMI FL 33190**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE FBO REGISTERED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**305-9699083**

Daytime Phone #

CR2E034 (10/02)