2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

DOCUMENT #

P97000032684

1. Entity Name AMED PATROL OF FLORIDA, INC,



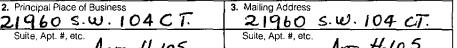
2. Principal Place of Business

21975 SW 104 COURT MIAMI FL 33190

Suite, Apt. #, etc.

Mailing Address

5255 WEST 26TH COURT HIALEAH FL 33016



FILED

May 01, 2003 8:00 am Secretary of State

05-01-2003 90806 035 ***150.00

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State Applied For 65-0743295 Not Applicable 5. Certificate of Status Desired - \$8.75 Additional Zip

6. Name and Address of Current Registered Agent GARCIA, JOSE A

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

2	1460	S.W	104 CT	AK	厂 /
City	MPA	MI		FL	Zip Co

7. Name and Address of New Registered Agent

8. The above named antity 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 -

*FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

-23-03

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. The Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE Change ☐ Addition Bassauini, Reuzo NAME BASSANINI, RENZO NAME 9000 ROYAL PAIN BLUD APT. E-602 CORAL SPRINGS - FL 33065 181 WEST SIDE STREET ADDRESS STREET ADDRESS FREEPORT NY 11520 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷D Addition ☐ Delete TITLE GORCÍA, JOSEA 21960 S.W. 104 CT. APT 105 NAME GARCIA, JOSE A NAME 21975 SW 104 CT., APT. 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33190 CITY-ST-ZIP MIAMI FL 33190 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change · Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: