FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90223 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000067286

1. Entity Name
A FIRE PROTECTION PLUS, INC.

70009922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3759 N.W. 28th St.	10350 S.W. 111th St.
Suite, Apt. #, etc. Bay # 106	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33142 Country U.S.A.	Zip 33176-3415 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0798137 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name EMIOIO CASTRO JR.
Street Address (P.O. Box Number is Not Acceptable) 10350 S.W. 111th ST.
MIAMI, FL 33176-3415
City MIAMI FL Zip Code 33176-3415

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES.,TREAS.,D	TITLE	
NAME	CASTRO, EMILIO JR.	NAME	
STREET ADDRESS	10350 S.W. 111th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI,FL 33176-3415	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	CHARLTON,SUSAN LYNN	NAME	
STREET ADDRESS	10230 S.W. 46 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO CASTRO JR. 01/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

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TITLE	SECRETARY
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CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
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