

2001 UNIFORM BUSINESS REPORT (UBR)

0113921

DOCUMENT # P97000071868

1. Entity Name

NATIONAL INVESTIGATIVE AGENCY, INC.

FILED

01 MAR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

16149 SW 11TH ST
PEMBROKE PINES FL 33027

16149 SW 11TH ST
PEMBROKE PINES FL 33027

2. Principal Place of Business

P.O. Box 823603

3. Mailing Address

P.O. Box 823603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Florida, Florida

City & State

South Florida, Florida

Zip

33082

Country

USA

Zip

33082

Country

USA

4. FEI Number

65-0811532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLE, STEVEN L
16149 SW 11TH ST
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name STEVEN L. Cole

Street Address (P.O. Box Number is Not Acceptable)
3375 N. Country Club Dr #803

City Aventura, Florida

FL

Zip Code 33180

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 DPVT
NAME COLE, STEVEN L
STREET ADDRESS 16149 SW 11TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900003324603--6
-03/29/01--01005--005
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 duly empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/15/01

Date

(305) 992-3868

Daytime Phone #

CR2E034 (10/00)