2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am P98000003502 Secretary of State DOCUMENT # 1. Entity Name 03-24-2002 90029 048 ***150.00 OWL PATROL CRIME PREVENTION, INC. Principal Place of Business Mailing Address 11892 SW 8TH STREET 11892 SW 8TH STREET STE 403 STE 403 MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address 5W 40 ST 1401 Suite, Apt. #, etc. **350** Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0803163 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPINA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8TH ST **STE 403** MIAM! FL 33184 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition iespina, Jose A NAME NAME 11890 SW 8TH STE, 403 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition angel, Vidal NAME NAME 11890 SW 8TH STE. 403 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANGEL. SANTE NAME NAME 11890 SW 8TH ST. STE 403 STREET ADDRESS STREET ADDRESS imiami FL 33184 CITY-ST-7/P CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE □ Delete 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-ZIP

13. I hereby certify that the information supplied with his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

CR2E034 (9/01)

Daytime Phone #

Date