

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000038928**

1. Entity Name

R. O. PROTECTION SERVICES, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91319 010 ***150.00

0236077

Principal Place of Business

**18051 S.W. 153RD COURT
MIAMI FL 33187
US**

Mailing Address

**18051 S.W. 153RD COURT
MIAMI FL 33187
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0860169**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, RODRIGO
18051 S.W. 153 COURT
MIAMI FL 33187**

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTEGA, RODRIGO	
STREET ADDRESS	18051 S.W. 153 COURT	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE	V.P. S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA ORTEGA.	
STREET ADDRESS	18051 S.W. 153 Ct.	
CITY-ST-ZIP	MIAMI FL. 33187.	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, RODRIGO O JR.	
STREET ADDRESS	18051 S.W. 153 COURT	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, JUNNIETH	
STREET ADDRESS	18051 S.W. 153 COURT	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: RODRIGO ORTEGA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)