### **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90032 033 \*\*\*150.00

DOCUI 1. Corporation	MENT # <b>P9800</b> 0	)0535	583									
UNITED	PROTECTION AGENCY, IN	C.						s thuises sed chehr idite adille di	ien <b>no</b> ne <b>Alik</b> i	Avina ell <b>a</b> t Dit <b>i</b>	12:54 Mi 1861	
Principal Place	a of Business	Mailing	Address					T I BROAFARD (LO COLOS EQUIS BOLLS DO	ETYY <b>na</b> tity ensat	SIEDE IIIOI DIIDI	1818\$ tret 1881	
	ST 183RD TERRACE		PATHWEST 183RD T	ERRACE								
MIAMI FL 3316	a	MIKWI	FL 33169					DO NOT WRI	TE IN THIS	SPACE		
l								3. Date Incorporated or Qualifed				Ì
i								06/16/1998			<del> </del>	l
2. Principal Pl	ace of Business	2a. Mai	ling Address					4. FEI Number		<u> </u>	olied For	
21		26						65-0844260			Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State			City & State					& Election Compaign Eleganing	· -		<del></del>	<u> </u> _
	9	28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zp	Country	Zip						8. This corporation owes the curr	ent year Inti	angible		1
24				30 =				Personal Property Tax.				
	9. Name and Address of Curren	t Registered	d Agent		匚			10. Name and Address of New F	egistered .	Agent		Į
					81	Name						ĺ
	RILAWYER				82	Street A	\ddres	is (P.O. Box Number is Not Accepta	ble)			1
	ALMERIA AVENUE											ł
COH	RAL GABLES FL 33134				83							
					84	City			C I	85 Zip C	ode	}
	10 10 000		60 Florida Statut	- 450 0		- named a		ation submite this statement for the	Dimosa of	changing its	registered	1
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Si ions of, Sec	uch change was au tion 607.0505, Flor	thorized da Stati	iby (	the corpo	ration	's board of directors. I hereby accep	t the appoir	itment as rec	pistered	
SIGNATURE												1
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Re					Agent	eigneture re	quired w	ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	PS IN 12	8
12.		DURECTO	DELETE	13. 1.1 Ⅲ	n E	——-	VC		ICERS AIT	Change	TP Addition	CRZE034 (11/98)
TITLE	PD PANCOIC DAVOC V		DELETE	1214			201	TH DAVID FRANCOIS				4
NAME CYDETT CODECE	Francois, Davos V 430 Northwest 183RD Terf	DACE		1,=1				NW 183 TERR				8
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33169	INOL	,	•	TY-ST	1		AMI, FL 33/69				72
TITLE	VD		DELETE	21 71			<b>4D</b>		<del></del> -	Change	Addition	℧
NAME	BEAUZIEUX. GEORGES			22 NA	ME	E KC		DY P. CALIXTE				
STREET ADDRESS	430 NORTHWEST 183RD TERF	RACE		23 57	REET	ADDRESS	430	NW 183 TERR				
CITY-ST-ZIP	MIAMI FL 33169		/	2.40	TY-SI	T-ZIP	MIR	mi, EL 33169				
TITLE	SD DELETE			3.1 TFI	3.1 TITLE 7					Change	Codition	
NAME	BEAUZIEUX, ROSINI J			32 N				NETH CAUTEY				•
STREET ADDRESS	ADDRESS 430 NORTHWEST 183RD TERRACE			3.3 ST	<b>4.0 0 1 1 1 1 1 1 1 1 1 1</b>			NW 183 TERR				
CITY-ST-ZIP	MIAMI FL 33169		/_	34. CI		r-zse/	MIA	MI, FL 33169		T 200	1 Addition	l
TITLE	TD	*	- POELETE	÷ 4,1 T∏				TER CARSWELL		. Change	st-regison	
NAME	BEAUZIEUX, MARIE J			4, 2 N		i		ONW 183 TERR				
STREET ADDRESS	430 NORTHWEST 183RD TERF	WILE		4	. ~							ļ
CITY-ST-ZIP	MIAMI FL 33169		DELETE	4.4 CT 5.1 TIT		-DP	1111	AMI, FC 33169		☐ Change	Addition	•
TITLE				(A.) 111		J						ł
1				5.2 NA	ME.	ŀ						
NAME						ADDRESS						
NAME STREET ADDRESS					REET.							
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.3 ST	REET.					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		<u></u>		5.3 ST 5.4 CR	REET. IY-ST					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				5.3 ST 5.4 CR 6.1 TR 6.2 NA	REET. TY-ST- LE ME					Change	Addition	

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed or on ap-etitogram with all other like empowered.

SIGNATURE:

DAVOS VI FRANCIS

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