

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000055089****1. Entity Name**  
**ALISTAIR INVESTIGATIVE SERVICES, INC.****Principal Place of Business**  
**5797 NORTH PLUM BAY PARKWAY**  
**TAMARAC FL 33321****Mailing Address**  
**5797 NORTH PLUM BAY PARKWAY**  
**TAMARAC FL 33321****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country


Zip

Country

**4. FEI Number****65-0847265**


Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****RODRIGUEZ, LUIS F**  
**5797 NORTH PLUM BAY PARKWAY**  
**TAMARAC FL 33321****7. Name and Address of New Registered Agent**Name **LUIS F. RODRIGUEZ**Street Address (P.O. Box Number is Not Acceptable)  
**5797 N. PLUM BAY PARKWAY**City **TAMARAC****FL**Zip Code  
**33321****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 **LUIS F. RODRIGUEZ, PRESIDENT, 01/05/02**

(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, 2002 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 **PTD** ☐ Delete  
NAME **RODRIGUEZ, LUIS F**  
STREET ADDRESS **5797 NORTH PLUM BAY PARKWAY**  
CITY-ST-ZIP **TAMARAC FL 33321**TITLE **SVD** ☐ Delete  
NAME **RODRIGUEZ, VIVIAN D**  
STREET ADDRESS **5797 NORTH PLUM BAY PARKWAY**  
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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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:** **LUIS F. RODRIGUEZ 01/05/02 954-722-2959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90042 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)