

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066068

1. Entity Name

SOUTH FLORIDA FINANCIAL CRIME PROFESSIONALS, INC

Principal Place of Business

18858 N.W. 83RD PLACE
MIAMI FL 33015

Mailing Address

18858 N.W. 83RD PLACE
MIAMI FL 33015

2. Principal Place of Business

7851 NW. 169TER

3. Mailing Address

P.O BOX 28176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

HALEAH, FL

Zip

33015

Country

USA

Zip

33002

Country

USA

4. FEI Number

65-0909313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO A
18858 N.W. 83RD PLACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

ORLANDO A. GONZALEZ

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

7851 NW. 169TER.

City

MIAMI

FL

Zip Code

33015

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.

ORLANDO A. GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

2/27/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GONZALEZ, ORLANDO A
18858 N.W. 83RD PLACE
MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
LEON, LILLIAM
18858 NW 83 PLACE
MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7851 NW 169TER.
MIAMI, FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7851 NW. 169TER.
MIAMI, FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO A. GONZALEZ

Date

2/27/01 (305) 556-9565

Daytime Phone #

CR2E034 (10/00)

0488294

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90022 005 ***150.00



DO NOT WRITE IN THIS SPACE