

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081325

1. Entity Name

FEDERAL PROTECTION SECURITY INC

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90849 001 ***150.00

05-19-2000 90849 002 *****8.75

Principal Place of Business

Mailing Address

1001 NE 125 ST
SUITE #201
N MIAMI FL 33161

1001 NE 125 ST
SUITE #201
N MIAMI FL 33161-5856

2. Principal Place of Business

3. Mailing Address

1001 NE 125 ST
Suite, Apt. #, etc. Ste 104

1001 NE 125 ST
Suite, Apt. #, etc. Ste 104

City & State
N MIAMI FL

City & State
N MIAMI

Zip
33161

Country
DADE

Zip
33161

Country
DADE

4. FEI Number 65-0778871

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

CHARLES, JOHNY
5633 NW 6 AVE
MIAMI FL 33127

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

04/08/00

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, 2000 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
NAME CHARLES, JOHNY
STREET ADDRESS 5633 NW 6 AVE
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE
NAME CHARLES JOHNY
STREET ADDRESS 1001 NE 125 ST Ste 104
CITY-ST-ZIP N MIAMI FL 33161 ☐ Change ☒ Addition

TITLE V
NAME CHARLES, SELIA
STREET ADDRESS 5633 NW 6TH AVE
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE
NAME CHARLES SELIA
STREET ADDRESS 1001 NE 125 ST Ste 104
CITY-ST-ZIP N MIAMI FL 33161 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

JOHNY CHARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/00 (305) 331-4062

Date

Daytime Phone #

CR2E034 (9/99)

#P98000081325

15837

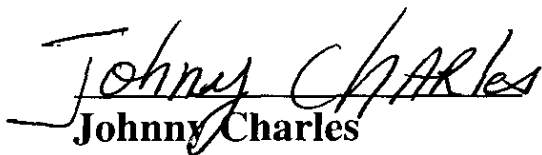
Saturday, April 29, 2000

To the department of State

I Johnny Charles request a copy of the Status Desired.

Thank you for cooperation.

Respectfully Yours,


Johnny Charles