

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090357

1. Entity Name

EXECUTIVE PROTECTION SERVICES
& INVESTIGATION INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90007 018 ***150.00

Principal Place of Business

Mailing Address

SW 142ND AVENUE
PLYMOUTH 5101
PINES FL 33027

701 SW 142ND AVENUE
PLYMOUTH 5101
PEMBROKE PINES FL 33027-3567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

SAPERSTEIN, ALLAN
701 SW 142ND AVENUE
PLYMOUTH 5101
PEMBROKE PINES FL 33027

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, 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!!! FEES IS \$150.00

After MAY 11 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

P
SAPERSTEIN, ALLAN
701 SW 142 AVE
PEMBORKE PINES FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SAPERSTEIN, ALLAN

Date

Daytime Phone #

4/29/2000

(914) 793-6060

CR2E034 (9/99)