

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016939

1. Entity Name

FLORIDA POLICE PRODUCTS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90105 018 \*\*\*150.00

Principal Place of Business

8320 NW 193RD LANE  
MIAMI FL 33015

Mailing Address

8320 NW 193RD LANE  
MIAMI FL 33015-5315

2. Principal Place of Business

701 NW 36TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

/

Zip

33125

Country

USA

Zip

/

Country

/

4. FEI Number

05-0801241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARPIO, RAYMOND  
8320 NW 193RD LANE  
MIAMI FL 33015

7. Name and Address of New Registered Agent

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

*Raymond Carpio*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-14-00

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, 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

TITLE: OWNER  
NAME: RAYMOND CARPIO  
STREET ADDRESS: 8320 NW 193RD LANE  
CITY-ST-ZIP: MIAMI FLA 33015 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:   
NAME:   
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☐ 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:

*Raymond Carpio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 305-642-3100

Date

Daytime Phone #

CE-1014 (9/99)