## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

## **FILED** DOCUMENT # **P99000027327** Mar 20, 2000 8:00 am SUPREME INVESTIGATIONS, INC. **Secretary of State** 03-20-2000 90184 040 \*\*\*150.00 Principal Place of Business Mailing Address C/O COMPUKEEPER C/O COMPUKEEPER 1446 NW 2ND AVENUE #105 1446 NW 2ND AVENUE #105 BOCA RATON FL 33432-1628 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 750 E. Sample Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bldg 2 Ste 211 Applied For 4. FEI Number City & State Pompano Bch, FL 33064 65-0902667 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33064 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Tatto, Monique</u> TATTO, MONIQUE Street Address (P.O. Box Number is Not Acceptable) 9193 A SW 20th Street C/O COMPUKEEPER 1446 NW 2ND AVENUE #105 **BOCA RATON FL 33432** Boca Raton, 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE P/DTATTO, MONIQUE NAME NAME TATTO, MONIQUE 9193 A SW 20TH STREET STREET AODRESS STREET ADDRESS 9193A. S.W. 20th St. **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33428 ☐ Change X Addition ☐ Delete TITLE TITLE Zane Emerson NAME NAME STREET ACCRESS 455-NE 35th Street STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Boca Raton, FL 33431 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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