

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90028 001 ***150.00
 02-27-2001 90028 002 *****8.75

DOCUMENT # P99000036197

1. Entity Name
BEST SECURITY PROTECTIVE SERVICE INC.

Principal Place of Business Mailing Address
3899 NW 7TH ST. SUITE 203 **3899 NW 7TH ST. SUITE 203**
MIAMI FL 33126 **MIAMI FL 33126**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0914028** 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

CORDERO, AUGUSTO
3899 NW 7TH ST. SUITE 203
MIAMI FL 33126

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 _____ (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!!! 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 - ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition

TITLE **VD**
 NAME **CORDERO, AUGUSTO**
 STREET ADDRESS **3899 NW 7TH ST., #203**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PRESIDENT**
 NAME **AUGUSTO CORDERO**
 STREET ADDRESS **3899 NW 7TH ST. SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PD**
 NAME **BALASQUIDE, JOSEFA**
 STREET ADDRESS **3899 NW 7TH ST. SUITE 203**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-01

Date

305-6919040

Daytime Phone #

CR2E034 (10/00)