2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT.# **P99000041974** Apr 11, 2000 8:00 am Secretary of State H & H EXECUTIVE PROTECTION & INVESTIGATIONS. INC 04-11-2000 90209 024 ***150.00 Principal Place of Business Mailing Address P.O. BOX 694122 P.O. BOX 694122 MIAMI FL 33269-1122 MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address 835 8357 W Flagler STREET FLAGIER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 38 City & State 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIQUE HECTOR, PIERRE Street Address (P.O. Box Number is Not Acceptable) DElete 1640 NE-481 ST. N. MIAMI BEACH-EL 33162 78 AMARAC. 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. SIGN FILE NOW!!! FEE IS \$150.00 sible to satisfy Intangible 9. This corporation is 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE HECTOR, PIERRE NAME NAME STREET ADDRESS 1640 NE 181 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33162 Change Addition ROS, ENRIQUE ☐ Delete TITLE TITLE ROSTOR, ENRIQUE NAME NAME 7750 NW 78 AVE Build 4-20 STREET ADDRESS 1640 NE 181 ST. STREET ADDRESS CITY-ST-ZIP 333Z \ CITY-ST-ZIP N. MIAMI BEACH FL 33162 TAMARAC, ☐ Change ☐ Delete TITLE TITLE ERNESTO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a particle sample.

ME OF SIGNING OFFICER OR DIRECTOR

000