## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2001 08:00 AM P99000076606 DOCUMENT# 1. Entity Name **Secretary of State** ASSOCIATED INVESTIGATORS OF FT. LAUDERDALE, INC. Principal Place of Business Mailing Address 125 NW 4TH ST 125 NW 4TH ST FORT LAUDERDALE FL FORT LAUDERDALE FL33301 33301 2. Principal Place of Business 3. Mailing Address 3031 NE 12 TERR 3031 NE 12 TERR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OAKLAND PK. FL OAKLAND PK 65-0972358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33334 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASE DAVID GOMEZ BLANCA 125 NW 4TH ST Street Address (P.O. Box Number is Not Acceptable) 3031 NE 12 TERR FT LAUDERDALE FL33301 US City Zip Code OAKLAND PK 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. BLANCA GOMEZ 03/09/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change GOMEZ DELANMAZA BLANCA MAME NAME GOMEZ DELANMAZA BLANCA STREET ADDRESS 125 NW 4TH ST STREET ADDRESS 3031 NE 12 TERR CITY-ST-ZIP FORT LAUDERDALE FL 33301 OAKLAND PK CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Blanca GomezDe La Maza SIGNATURE: \_ 03/09/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR