

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90122 044 ***150.00

DOCUMENT # P99000099748

1. Entity Name
ITALBRA SECURITY & INVESTIGATIONS, INC.

Principal Place of Business
5440 N SR 7 202
FT LAUDERDALE FL 33319

Mailing Address
5440 N SR 7 202
FT LAUDERDALE FL 33319

00004300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4701 NW 34th Str
 Suite, Apt. #, etc.
SUITE 404

3. Mailing Address
4701 NW 34th Str
 Suite, Apt. #, etc.
SUITE 404

City & State
LAUD LAKES FL

City & State
LAUD LAKES FL

Zip
33319

Country
BROWARD

Zip
33319

Country
BROWARD

4. FEI Number
65-0957382

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALFEO VINCENT
5440 N SR 7 STE 202
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name
VINCENT ALFEO

Street Address (P.O. Box Number is Not Acceptable)
4701 NW 34th Str

City
LAUD LAKES FL

Zip Code
33319

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALFEO, VINCENT 5440 N SR 202 FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALFEO VINCENT 4701 NW 34th STREET LAUD LAKES FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALFEO, INEZ 5440 N SR FL 202 FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALFEO INEZ 4701 NW 34th STREET LAUD LAKES FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **VINCENT ALFEO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2002 **954-485-8442**
 Date Daytime Phone #

CR2E034 (9/01)