2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S37470

Entity Name: STERLING HEIGHTS PROTECTION AGENCY INC.

FILED Feb 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1065 N.E. 125TH STREET 1065 N.E. 125TH STREET

SUITE 321 SUITE 300

NORTH MIAMI, FL 33161 US NORTH MIAMI, FL 33161 US

Current Mailing Address: New Mailing Address:

P.O. BOX 601545 1065 NE 125TH STREET

NORTH MIAMI BEACH, FL 33060 US SUITE 300

NORTH MIAMI, FL 33161 US

FEI Number: 65-0256373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, RAFAEL

1065 N.E. 125TH STREET

SUITE 321

GALITZER, JOSHUA S ESQ.

17105 NE 6TH AVENUE

NORTH MIAMI BEACH, FL 33162 US

SUITE 321 NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI, FL 33161 US

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: JOSHUA S. GALITZER 02/11/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

Name: DIAZ, RAFAEL Name: CHUSID, HOWARD

Address: 1065 N.E. 125TH STREET SUITE 321 Address: 1065 N.E. 125TH STREET SUITE 300

City-St-Zip: NORTH MIAMI, FL 33161 US City-St-Zip: NORTH MIAMI, FL 33161 US

Title: D () Delete Title: () Change () Addition

 Name:
 ZILBERMAN, DAVID
 Name:

 Address:
 1065 N.E. 125TH STREET SUITE 321
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

NORTH MIAMI, FL 33161 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HOWARD CHUSID P 02/11/2002