


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91797 012 ***150.00

0151969 AV

DOCUMENT # S86079	
1. Entity Name F.P.I. DETECTIVE, INC.	

Principal Place of Business 15476 NW 77TH COURT 293 MIAMI LAKES FL 33016 US	Mailing Address 15476 NW 77TH COURT 293 MIAMI LAKES FL 33016 US
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2. Principal Place of Business 555 West 51th Place Suite, Apt. #, etc.	3. Mailing Address 555 West 51th Place Suite, Apt. #, etc.
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City & State Hialeah Florida	City & State Hialeah Florida	4. FEI Number 65-0295551	Applied For <input type="checkbox"/> Not Applicable
Zip 33012	Country U.S.A.	Zip 33012	Country U.S.A.



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent PEREZ, ANDRES 15476 NW 77 COURT SUITE 293 MIAMI LAKES FL 33016		7. Name and Address of New Registered Agent Name 555 West 51th Place Street Address (P.O. Box Number is Not Acceptable) City Hialeah FL Zip Code 33012	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ, ANDRES 15476 NW 77 COURT-293 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6160 West 8th Avenue Hialeah Fl 33012 <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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/30/03 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)