

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91276 009 \*\*\*150.00

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**DOCUMENT # F96000003941**



1. Entity Name  
**VALEX SECURITY, INC.**

Principal Place of Business  
**153-66 ROCKAWAY BLVD  
JAMAICA NY 11434**

Mailing Address  
**153-66 ROCKAWAY BLVD  
JAMAICA NY 11434**

11040001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1451602**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRZYWARA, ROBERT E  
36 E 1ST STREET  
SUITE 402  
MIAMI FL 33132**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PRZYWARA, ROBERT E	15 SMITH TOWN CRESENT	SMITHTOWN NY 11787				
TD	ALON, SHMUEL	580 5TH AVE	NEW YORK NY 10036				
D	HORAN, KARNI	110 KANDOM FARM DRIVE	CHADAQVA NY				
CD	AMIT, RAFI	3 JABOTINSKY STREET STE 1201	RAMAT GAN ISRAEL				
D	STOKLOSA, MONIKA	GERTRUDENSTRASSE 30/36	KOLON GERMANY				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **4/17/03** **212-840-8330**  
Date Daytime Phone #

CR2E034 (10/02)