FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03-12-2003 90089 047 ****61.25
H83584
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 1:20

DOCUMENT # H 83584

1. Entity Name
Bryant Security Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16840 NE 19th Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Mia Bch FL.	City & State
Zip: 33162 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2591621 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Shay Ben-David

Street Address (P.O. Box Number is Not Acceptable):
16840 NE 19th Ave.

City: North Mia Bch FL Zip Code: 33162

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	C
NAME	DAVID BEN-DAVID
STREET ADDRESS	16840 NE 19th Ave
CITY-ST-ZIP	North Mia Bch, FL. 33162
TITLE	P
NAME	Shay Ben-David
STREET ADDRESS	16840 NE 19th Ave.
CITY-ST-ZIP	North Miami Bch, FL 33162
TITLE	V
NAME	GAL BEN-DAVID
STREET ADDRESS	16840 NE 19th Ave
CITY-ST-ZIP	No. Mia Bch FL 33162
TITLE	T
NAME	Ran Ben-David
STREET ADDRESS	16840 NE 19th Ave.
CITY-ST-ZIP	North Mia Bch FL. 33162
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/6/03 305-405-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #