

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90113 018 ***150.00

0144-17

DOCUMENT # P00000050244
 1. Entity Name
NEXTECH SECURITY, INC.

Principal Place of Business Mailing Address
 11117 W OKEECHOBEE RD 11117 W OKEECHOBEE RD
 SUITE 131 SUITE 131
 HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018



2. Principal Place of Business 3. Mailing Address
2246 W. 80 STREET **2246 W 80 STREET BAY 3**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BAY #3 **BAY #3**
 City & State City & State
HIALEAH, FL **HIALEAH, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1010073 Not Applicable

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

6. Name and Address of Current Registered Agent
ALFONSO, GUILLERMO
8851 NW 119 STREET
SUITE 3305
HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent
 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.

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

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

TITLE	D <input type="checkbox"/> Delete
NAME	ALFONSO, GUILLERMO
STREET ADDRESS	8851 NW 119 STREET SUITE 3305
CITY-ST-ZIP	HIALEAH GARDENS FL 33018
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFONSO, MARGARITA
STREET ADDRESS	2246 W. 80 STREET BAY #3
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **02/08/02 (305) 826-5494**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GUILLERMO E. ALFONSO

CR2E034 (9/01)