## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 19, 2001 8:00 am DOCUMENT # **P94000030393** Secretary of State 1. Entity Name R & M SECURITY SYSTEMS, INC. 02-19-2001 90007 001 \*\*\*150.00 Mailing Address Principal Place of Business 2343 WEST 69TH ST P.O. BOX 126660 HIALEAH FL 33012 HNIT 1 HIALEAH FL 33016 US 2. Principal Place of Business 3. Mailing Address 806 NW 80th Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0483961 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, RAUL JR Street Address (P.O. Box Number is Not Acceptable) 2343 WEST 69TH ST. UNIT 1 HIALEAH FL 33016 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DDChange Addition TITLE TITLE ☐ Delete Gonzalez, Raul Jr. 1984 NW 186 Tern. NAME NAME GONZALEZ, RAUL JR STREET ADDRESS STREET ADDRESS 2343 W. 69TH ST. UNIT 1 CITY-ST-ZIP CITY-ST-7IP Miami, FL. 33015 HIALEAH FL 33016. Addition Delete TITLE TITLE Genzalez Madelys NAME NAME GONZALEZ, MADELYS 7984 NW 186 Tern. STREET ADDRESS STREET ADDRESS 2343 W. 69TH ST. UNIT 1 CITY-ST-ZIP CITY-ST-ZIP Miami FL. 33015 HIALEAH FL 33016 Addition Delete TITLE TITLE Gonzalez Raul Sr. 17482 SW 143 Pl. NAME NAME GONZALEZ, RAUL SR STREET ADDRESS STREET ADDRESS 2343 W. 69TH ST. UNIT 1 Miami, FL. 33177 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Change Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Haul Gonzalez, Brinted NAME OF SIGNING OFFICER OR DIRECTOR