2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P98000001491 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90027 044 ***150.00 DOBER SECURITY SERVICE, INC. Mailing Address Principal Place of Business 898 WEST-99TH PLACE - 899 WEST-99TH PLACE HIALEAH FL 33012 _HIALEAH FL-33012-2. Principal Place of Business ## 801 West #9# 3. Mailing Address STREET 6255 N.W. Suite, Apt. #, etc. Suite # 224 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ity & State 4. FEI Number Applied For 65-0813288 Floriba -CORIDA 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 FLORES, DOMINGO Street Address (P.O. Box Number is Not Acceptable) --898-WEST 39TH PLACE -HIALEAH FL 33012-8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! EEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01) Change ☐ Addition **PSD** ☐ Delete TITLE TITLE FLORES, DOMINGO NAME NAME CR2E034 898-WEST-39TH-PLACE STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change ☐ Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Date

Mar 12, 2002 8:00 am