

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90170 037 \*\*\*163.75

**DOCUMENT # V38968**

1. Entity Name

**SECUR-ENTRY INDUSTRIES INC.**

Principal Place of Business

Mailing Address

~~5428 N OCEAN DR~~ **1190 MANOR DR**  
~~334~~  
**SINGER ISLAND FL 33404**  
**US**

P.O. BOX 2777  
 PALM BEACH FL 33480-2777  
**US**

2. Principal Place of Business

3. Mailing Address

**1190 MANOR DR**

**1190 MANOR DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SINGER ISLAND FL**

City & State

**SINGER ISLAND FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33404**

Country

**USA**

Zip

**33404**

Country

**USA**

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

**CAPUTO, GINO**  
**1190 MANOR DR**  
**SINGER ISLAND FL 33404**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

**163.75**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**PTD**  
 NAME **CAPUTO, GINO**  
 STREET ADDRESS **1190 MANOR DR**  
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VSD**  
 NAME **CAPUTO, ROSALBA**  
 STREET ADDRESS **1190 MANOR DR**  
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D**  
 NAME **CAPUTO, MICHAEL**  
 STREET ADDRESS **1190 MANOR DR**  
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D**  
 NAME **CAPUTO, CONNIE**  
 STREET ADDRESS **1190 MANOR DR**  
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*GINO CAPUTO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 11/2000**

Date

**561-8426703**

Daytime Phone #

CR2E034 (9/99)