

2002 UNIFORM BUSINESS REPORT (UBR)

0058476 AV

DOCUMENT # P01000084024

1. Entity Name
SECURITY "R" US, INC.

APPROVED
1-3-0 AND
FILED

02 AUG -8 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
722 N E 206TH STREET
NORTH MIAMI BEACH FL 33179

Mailing Address
722 N E 206TH STREET
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651132872

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIN, RONALD
722 N E 206TH STREET
NORTH MIAMI BEACH FL 33179

Name RONALD Rennhack

Street Address (P.O. Box Number is Not Acceptable)
3336 SW 16th Street

City FORT LAUDERDALE FL Zip Code 33312

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSD
BENJAMIN, HAROLD ☐ Delete
STREET ADDRESS 6249 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE
NAME PSD
Rennhack RONALD ☒ Change ☐ Addition
STREET ADDRESS 3336 SW 16th Street
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900007113679--1
CITY-ST-ZIP -08/14/02--01067--020
****158.75 ****158.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Ronald Rennhack* (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RONALD Rennhack 7/15/02 583-2016
Date Daytime Phone #

CR2E034 (4/02)

DEA # _____



colony springs medical center

8333 W. MCNAB ROAD • TAMARAC, FLORIDA 33321 • TEL. (954) 720-0056
ON BEHALF OF SECURITY RUS Inc. Registered Agent

NAME Mr. RONALD MARGOLIN

ADDRESS 722 NE 200th ST DATE JULY 21, 02
N. Miami Bch

R To whom it may concern

Please be advised that the
above patient has been
and is under my care for
over 1 year.

He was bedridden and
incapacitated during May, June
and part of July. Being unable
to do normally daily functions.



Label

Refill _____ times PRN NR

R Jimenez

M.D.

Security "R" Us, Inc.
722 NE 206 Street
Miami, Florida 33179
Phone: (305) 655-2329 Fax (305) 493-2328

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

4 August 2002

Re: Document #PO1000084024
Security "R" Us, Inc.

Gentlemen:

Please be advised that I am enclosing the doctor's medical statement, which was issued to me as registered agent for the above referenced corporation.

I was the person in charge of sending in the completed Uniform Business Report. I am also enclosing copies of the:

- a) 2002 Uniform Business Report
- b) Articles of amendment to articles of incorporation of Security "R" Us, Inc.

Furthermore empire will be adding back the:

- a) original 2002 Business Report along with,
- b) certificate of Designation Registered Agent/Registered Office
- c) Appropriate payment.

I respectfully request that you waive the late filing fee of \$300.00 based upon the medical problems and Conditions that are stated in the enclosed medical statement.

Thank you very much for your consideration in this matter.

Sincerely,


Ronald Margolin
Outgoing Registered Agent

Charter Number Only

VALIDATION ONLY

7/30/02

Harold Benjamin

Requestor's Name

6249 Pines Blvd.

Address

Pembroke Pines, FL 33024

City

State

ZIP

Phone

(954) 981-1040

CORPORATION(S) NAME

Security "R" US, Inc.

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

RECEIVED
02 JUL 31 AM 9:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 0910A