

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

7. Name and Address of New Registered Agent
 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* DATE **7/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BENJAMIN, HAROLD 6249 PINES BLVD. PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Rennhack RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3336 SW 16th Street FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900007113679--1 -08/14/02--01067--020 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE **7/15/02** DAYTIME PHONE # **(954) 583-2016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

DEA # _____



colony springs medical center

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

NAME Mr. RONALD MARGOLIN

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

R To whom it my 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.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Pick Up
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out



Empire Toll Free: 1-800-432-3028

RECEIVED
02 JUL 31 AM 9:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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