

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486209

1. Entity Name

GUARD TECHNOLOGIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90110 013 ***150.00

Principal Place of Business

Mailing Address

TWO ALHAMBRA PLZ. #110
P.O. BOX 143441
CORAL GABLES FL 33134

P.O. BOX 7103
PRINCETON NJ 08543-7103
US

2. Principal Place of Business

3. Mailing Address

5775 BLUE LAGOON DR. #170

375 RARITAN CENTER PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~P.O. Box 143441~~

City & State
MIAMI, FL

City & State
EDISON, NJ

Zip
33126

Country

Zip

08837

Country
MIDDLESEX



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1641242

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1601 SAWGRASS CORPORATE PARKWAY
SUITE 400

City
SUNRISE

FL

Zip Code
33323

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LANDIS, MARK	
STREET ADDRESS	TWO ALHAMBRA PLAZA #110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KROLL, JULES B.	
STREET ADDRESS	900 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSETTI, JOSEPH R.	
STREET ADDRESS	900 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVINE, PERRY	
STREET ADDRESS	TWO ALHAMBRA PLAZA, SUITE 110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	WALIN, STEVEN	
STREET ADDRESS	2 ALHAMBRA PLAZA #110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landis, MARK	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY #400	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	levine, PERRY	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY #400	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALIN, Steven	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY #400	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13, 2000

Date

Daytime Phone #

CR2E034 (9/99)