

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91167 003 \*\*\*150.00

DOCUMENT # **503358**  
1. Entity Name

**CIRCLE SECURITY SYSTEMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6313 SUNSET DRIVE** 3. Mailing Address **6313 SUNSET DRIVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **SOUTH MIAMI, FL** City & State **SOUTH MIAMI, FL**  
Zip **33143** Country **U.S.A.** Zip **33143** Country **U.S.A.**

4. FEI Number **59-2677865** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent:  
Name **STONER, CHARLTON**  
Street Address (P.O. Box Number is Not Acceptable) **1101 BILKELL AVENUE, SUITE 1700**  
City **MIAMI** FL Zip Code **33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>EHRENKRANTZ, IRA</b>
STREET ADDRESS	<b>8115 SW 92 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>USD</b>
NAME	<b>EHRENKRANTZ, LEE EVAN</b>
STREET ADDRESS	<b>7240 SW 117 TER.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **IRA EHRENKRANTZ** TITLE: **PRESIDENT** Date: **4-30-2002** Daytime Phone: **305-667-0444**

CR2E034B (12/01)