

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 617012

1. Entity Name

PRO-SECUR, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90022 047 ***158.75

Principal Place of Business

Mailing Address

13651 S.W. 72 AVENUE
FL 33158

P. O. BOX 561929
MIAMI FL 33256-1929
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1910218

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

DEL PINO, TERESA S.
13651 S.W. 72ND AVE.
MIAMI FL 33158

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DEL PINO, LUIS J	
STREET ADDRESS	13651 SW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	DEL PINO, TERESA S	
STREET ADDRESS	13651 SW 72ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000 33158	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORMAN TERRY	
STREET ADDRESS	1501 S.W. LE JEUNE ROAD	
CITY-ST-ZIP	MIAMI FL 33114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 6 2000

Date

Daytime Phone #

305-255-6220

CR2E034 (9/99)