2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 617012 1. Entity Name PRO-SECUR, INC.					FILED Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90077 033 ***158.75		
Principal Place of Business 13651 S.W. 72 AVENUE MIAMI FL 33158		Mailing Address P. O. BOX 561929 MIAMI FL 33256 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-1910218		pplied For lot Applicable
Zip	- Country -	Zip	Country	5.	Certificate of Status Desired	X \$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Reg		
DEL PINO, TERESA S. 13651 S.W. 72ND AVE. MIAMI FL 33158		. •		Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	
Tax filing r (See criter	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOW! After MAY 1, 200 Make Check Payab	le to Departme	.00 550.00 nt of State	10. Election Campaign Finan Trust Fund Contribution.	Adde	00 May Be ed to Fees
IT. ITLE IAME STREET ADDRESS SITY-ST-ZIP	OFFICERS AND DP DEL PINO, LUIS J 13651 SW 72ND AVENUE MIAMI FL 33158		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOF	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	TSD DEL PINO, TERESA S 13651 SW 72ND AVENUE MIAMI, FL 00000 33158	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		كر	Change	Addition
ITLE Ame Treet address ITY-st-zip	AS FORMAN TERRY 1501 S.W. LE JEUNE ROAD MIAMI FL 33114	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		2	Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD DEL PI 13651	INO, LOURDES I. S. w. 72 nd Avenue	□ Change ,Miami,FL 3	
ITLE Ame Treet address ITY-ST-ZIP	· · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		\sim	Change	Addition
ITLE Ame Treet address ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		\sim	Change	Addition
indicated of the cor changed,	certify that the information supplies with on this report or supplemental/report is poration or the receiver or trustee empi- or on an attachment with an address, URE:	n this filing does not qualify for s true and accurate and that m owered to execute this report a with all other like empowered.	the exemption st y signature shall as required by Ch	have the same apter 607, Flo	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat rida Statutes; and that my name a 4. 2001	rther certify that the i n; that I am an office ppears in Block 11 c	information r or director xr Block 12 if