

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003650

1. Entity Name

TRONEX INTERNATIONAL SECURITY, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90142 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1721 NW GENE AVE~~ 9590 N.W. 40<sup>th</sup> ST RD.  
~~MIAMI FL 33126~~ MIAMI, FL 33178  
~~US~~ US

2. Principal Place of Business

9590 N.W. 40<sup>th</sup> ST. RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33178

Country

US

Zip

Country

4. FEI Number 65-0462830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, GEORGE

~~825 NW 17TH ST, STE. 405~~

~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name

GEORGE FLETCHER

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

9590 NW 40<sup>th</sup> ST. RD

City

MIAMI

Zip Code

33178

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]*

CRAIG ROBINSON

4/18/01

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 effects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	FLETCHER, GEORGE	
STREET ADDRESS	9590 NW 40TH ST ROAD	
CITY - ST - ZIP	MIAMI FL 33178	
TITLE	CV	<input type="checkbox"/> Delete
NAME	ROBINSON, CRAIG	
STREET ADDRESS	9590 NW 40TH ST ROAD	
CITY - ST - ZIP	MIAMI FL 33178	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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]*

CRAIG ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(305) 629-1140

Daytime Phone #

CR2E034 (10/00)