

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0152302
FP

DOCUMENT # F97000006596

1. Entity Name
SOUTHERN SECURITY BANK CORPORATION



Principal Place of Business
1000 BRICKELL AVE
SUITE 900
MIAMI FL 33131

Mailing Address
PO BOX 6699
HOLLYWOOD FL 33081

FILED
03 SEP -8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0325364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, FLOYD D
SOUTHERN SECURITY BANK CORPORATION
3475 SHERIDAN STREET
HOLLYWOOD FL 33021

Name
Alfredo Barreiro
Street Address (P.O. Box Number is Not Acceptable)
3475 Sheridan St.
Hollywood, Fl. 33021
City Hollywood FL Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/2004

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODDER, PHILIP C 1135 S.W. 21ST STREET BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELL, HAROLD L 11651 SW 72 PL MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, R. DAVID 2119 TIGER TAIL AVENUE COCONUT GROVE FL 33133-3243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, TIMOTHY S 151 DEER TRACK RUN LAKEMONT GA 30552	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEND, HAROLD C M.D. 1500 N.W. 10TH AVENUE, SUITE 105 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRASSER, EUGENE J M.D. 1505 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6041	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O James F. Partridge 3929 Granada Blvd. Coral Gables, Fl. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Nelson Farnada 1332 Asturia Ave. Coral Gables, Fl. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hugo Casar 7411 SW 08th St Miami, Fl. 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonard Mrinello 600 NE 101 St. Miami Shores, Fl. 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Michael Golden 7154 Ayrshire Lane Boca Raton, Fl. 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuel S. Caliendo 770 NE 74th St. Boca Raton, Fl. 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03 604-441-7575
Date Daytime Phone #

CR2E034 (4/03)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Susan Jaramillo 791 Crandon Blvd. Apt 208 Key Biscayne, FL. 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stephen L. Perrone 1915 Brickell Ave. #706C Miami, FL. 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joe Rey One Grove Isle Dr. Apt. 1208 Coconut Grove, FL. 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Alberto Valle 7709 W. 15th Ave. Hialeah, FL. 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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