

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J54080**

1. Entity Name
SOUTH FLORIDA SECURITY SYSTEMS, INC.

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90039 001 ***550.00
09-14-2001 90039 002 *****8.75

Principal Place of Business
**2450 W 82 ST
#105
HIALEAH FL 33016**

Mailing Address
**SOUTH FLORIDA SECURITY SYSTEMS, INC.
P O BOX 170465
HIALEAH FL 33018-0465**

78250



2. Principal Place of Business
8901 NW 116 St.

3. Mailing Address
same as above

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Gardens, FL

City & State

4. FEI Number
59-2763896

Applied For
Not Applicable

Zip
33016

Country
Dade

Zip
33018-0465

Country

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

6. Name and Address of Current Registered Agent
**FOJO, CARLOS FRANCISCO
2450 WEST 82ND STREET
SUITE 105
HIALEAH FL 33016**

7. Name and Address of New Registered Agent
Name
Carlos Francisco Fojo
Street Address (P.O. Box Number is Not Acceptable)
8901 NW 116 St. #101
City
Hialeah Gardens **FL** Zip Code
33016

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 **Carlos Fojo** **09/06/01**
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 elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOJO, CARLOS FRANCISCO		NAME		
STREET ADDRESS	2450 WEST 82ND STREET, STE. 105		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Carlos Fojo** **09/06/01** **305-556-5220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0115686 AT

CR2E034 (5/01)