

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90066 037 \*\*\*150.00

0122270

**DOCUMENT # K31520**

1. Entity Name

**TRUE-TECH AUTO SECURITY, INC.**

Principal Place of Business

16850 N.W. 33RD CT  
20286 NW 2ND AVE  
MIAMI FL 33056  
US

Mailing Address

16850 N.W. 33RD CT  
MIAMI FL 33056

2. Principal Place of Business

~~20286 NW 2ND AVE~~

3. Mailing Address

~~16850 NW 33rd Ct.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0067454

Applied For

Not Applicable

Zip

33169

Country

DADE

Zip

33056

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

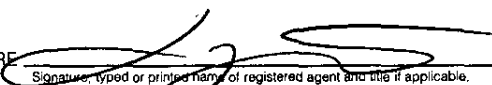
6. Name and Address of Current Registered Agent

FICE, TYRONE  
20730 NW 7 AVE #210  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: Fice, Tyrone  
Street Address (P.O. Box Number is Not Acceptable): 8981 Johnson St.  
City: Pembroke Pines FL Zip Code: 33024

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.

Tyrone Fice

4/20/2001  
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, 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	PDMD	<input type="checkbox"/> Delete
NAME	FICE, TYRONE M	
STREET ADDRESS	20730 NW 7 AVE #210	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDMD	<input type="checkbox"/> Delete
NAME	FICE, JEROME	
STREET ADDRESS	16850 NW 33 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	FICE, LUCRETIA L.	
STREET ADDRESS	16850 N.W. 33RD CT	
CITY-ST-ZIP	MIAMI FL	
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 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fice, Tyrone M.	
STREET ADDRESS	8981 Johnson St.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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
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:

 Tyrone Fice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)