

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L24538**

1. Entity Name

**INTERAMERICAN INTERNAL SECURITY GROUP, INC.**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90037 011 \*\*\*150.00

Principal Place of Business

11130 N. KENDALL DRIVE  
SUITE 104  
MIAMI FL 33176  
US

Mailing Address

11130 N. KENDALL DRIVE  
SUITE 104  
MIAMI FL 33176-0939  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0150866**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URRUELA, MARK LENNOX  
5551 S W 144 COURT  
MIAMI FL 33175

Name

**URRUELA, MARIO L.**

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

**11130 N. KENDALL DR.**

**SUITE 104**

City

**MIAMI**

FL

Zip Code

**33176**

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

*X Mario C. Urruela*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*X 6 MARCH 2000*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>URRUELA, MARIO L.</b>	
STREET ADDRESS	<b>8355 SW 78 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete
NAME	<b>HERREROS, ALBERTO P</b>	
STREET ADDRESS	<b>8320 SW 83RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERREROS, MAGALI U</b>	
STREET ADDRESS	<b>8320 SW 83RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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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: *X Mario C. Urruela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 6 MARCH 2000*

Date

Daytime Phone #

CR2E034 (9/99)