

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68763

1. Entity Name

SOUTH MIAMI SECURITY SYSTEMS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90151 043 \*\*\*150.00

Principal Place of Business

12539 NW 7TH LN  
MIAMI FL 33182  
US

Mailing Address

12539 NW 7TH LN  
MIAMI FL 33182-2024  
US

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

65-0195086

Applied For

Not Applicable

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

BAEZ, ALEJANDRO  
12539 NW 7TH LN  
MIAMI FL 33182

Name

ALEJANDRO BAEZ

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

11041 S.W. 57 ST.

City

MIAMI

FL

Zip Code

33165

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

(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 \$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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	12539 NW 7TH LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	12539 NW 7TH LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BAEZ, JORJE	
STREET ADDRESS	12539 NW 7TH LN	
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	D/PS BAEZ, ALEJANDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	11041 S.W. 57 ST.	
CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	T BAEZ, ALEJANDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	11041 S.W. 57 ST.	
CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	D/VP BAEZ, JORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEZ, JORGE	
STREET ADDRESS	11041 S.W. 57 ST.	
CITY-ST-ZIP	MIAMI FL. 33165	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)