

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M07584

1. Entity Name

HI TECHNOLOGY SECURITY SYSTEMS INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 040 ***150.00

00043001



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1630 SW 18TH AVE MIAMI FL 33145-1450	1630 SW 18TH AVE MIAMI FL 33145-1450

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	59-2599422	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PELAEZ, MAURICIO 1630 S.W. 18TH AVE MIAMI FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O.-Box-Number-is-Not-Acceptable)
City
FL
Zip Code

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	PELAEZ, MAURICO
STREET ADDRESS	1630 S.W. 18TH AVE.
CITY-ST-ZIP	MIAMI FL 33145
TITLE	VSD <input type="checkbox"/> Delete
NAME	PELAEZ, FERNANDO
STREET ADDRESS	1630 SW 18 AVE
CITY-ST-ZIP	MIAMI FL 33145
TITLE	SM <input type="checkbox"/> Delete
NAME	SOLOMON, FREDERICK
STREET ADDRESS	1630 SW 18 AVE
CITY-ST-ZIP	MIAMI FL 33145
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 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: Mauricio Pelaez **2-25-00** **(305) 858-3010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)