

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007672

FILED  
Jan 14, 2003  
Secretary of State

Entity Name: DOHZEN SECURITY SCHOOL, CORP.

## Current Principal Place of Business:

14035 NE 6 AVE  
SUITE 4  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

4320 NW 182ND STREET  
MIAMI, FL 33055

## Current Mailing Address:

P.O BOX 170321  
HIALEAH, FL 33017

## New Mailing Address:

4320 NW 182ND STREET  
MIAMI, FL 33055

FEI Number: 30-0025735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAIN, HERZEN  
P.O. BOX 170321  
HIALEAH, FL 33017

## Name and Address of New Registered Agent:

BAIN, HERZEN  
4320 NW 182ND STREET  
MIAMI, FL 33055

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: HERZEN BAIN

01/14/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAIN, HERZEN  
Address: P O BOX 170321  
City-St-Zip: HIALEAH, FL 33017

Title: TRUS ( ) Delete  
Name: BAIN, FRANCOIS C  
Address: 14035 NE 6TH AVE SUITE 4  
City-St-Zip: MIAMI, FL 33161

Title: TRUS ( ) Delete  
Name: BAIN, ALEX  
Address: 19942 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

Title: TRUS ( ) Delete  
Name: AMEDA, MARC  
Address: 14035 NE 6TH AVE SUITE 4  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BAIN, HERZEN  
Address: 4320 NW 182ND STREET  
City-St-Zip: MIAMI, FL 33055

Title: TRUS (X) Change ( ) Addition  
Name: BAIN, FRANCOIS C  
Address: 4320 NW 182ND STREET  
City-St-Zip: MIAMI, FL 33055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRUS (X) Change ( ) Addition  
Name: AMEDA, MARC  
Address: P.O. BOX 170321  
City-St-Zip: HIALEAH, FL 33017

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERZEN BAIN

D

01/14/2003

Electronic Signature of Signing Officer or Director

Date