

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90133 002 \*\*\*\*62.00

**DOCUMENT # N02000005599**

1. Entity Name

**SECURITY ENFORCEMENT WORKERS UNION INC.**



Principal Place of Business

**901 INTERNATIONAL PARKWAY  
5TH FLOOR  
LAKE MARY FL 32764**

Mailing Address

**5703 RED BUG LAKE RD  
SUITE 414  
WINTER SPRINGS FL 32708**

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

**45-0477762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VELEZ, RUBEN  
5703 RED BUG LAKE RD  
SUITE 414  
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**RUBEN VELEZ**

(NOTE: Registered Agent signature required when reinstating)

**9/5/2003**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MERCADO, BERNARDO**  
STREET ADDRESS **615 BLENHEIM LOOP**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **V** ☐ Delete  
NAME **WATSON, VICTOR**  
STREET ADDRESS **4511 EADS ST. N.E.**  
CITY-ST-ZIP **WASHINGTON DC 20019**

TITLE **S** ☐ Delete  
NAME **VELEZ, RUBEN**  
STREET ADDRESS **744 WHISPERING CYPRESS LANE**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **T** ☐ Delete  
NAME **ARMSTRONG, MICHAEL**  
STREET ADDRESS **30 EASTCHESTER ROAD**  
CITY-ST-ZIP **NEW ROCHELLE NY 10801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**9/5/2003**

CR2E037 (4/03)