

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90061 001 ****69.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N40330

1. Entity Name

GUARD, INC.

Principal Place of Business

Mailing Address

3061 NE 14TH AVE
CORAL SPRINGS FL 33334

3061 NE 14TH AVE
OAKLAND PARK FL 33334-4405
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0262817

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

Name

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

City

FL

Zip Code

NEILL, CHRIS D
3061 NE 14TH AVE
OAKLAND PARK FL 33334

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAMAS, JUAN A	
STREET ADDRESS	3061 NE 14TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLARK, KARL	
STREET ADDRESS	P.O. BOX 11357	
CITY-ST-ZIP	FT LAUDERDALE FL 33339	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTEAGUDO, JESSE	
STREET ADDRESS	P.O. BOX 11357	
CITY-ST-ZIP	FT LAUDERDALE FL 33339	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, DOUGLAS	
STREET ADDRESS	P.O. BOX 11357	
CITY-ST-ZIP	FT LAUDERDALE FL 33339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neill, Chris D	
STREET ADDRESS	PO Box 11357	
CITY-ST-ZIP	FT. Lauderdale FL 33339	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juan A Ramos
JUAN A RAMOS

4/10/2000

(954) 269-3204

CR2E037 (9/99)