

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-09-2000 90008 013 ****61.25

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1. Entity Name
 Security Business Owners Association, Inc. R

Principal Place of Business **Mailing Address**
 Security Business Owners Association, Inc.
 1710 NE Miami Gardens Dr.
 Miami, FL 33179

2. Principal Place of Business **3. Mailing Address**
 1746 NE Miami Gardens Dr 1746 NE Miami Gardens Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL Miami, FL

4. FEI Number / **Applied For**
 Not Applicable

Zip 33179 **Country** US **Zip** 33179 **Country** US

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: Jennifer C. Rendszer
 Street Address (P.O. Box Number is Not Acceptable): 1746 NE Miami Gardens Dr.
 City: Miami FL Zip Code: 33179

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 Jennifer C. Rendszer 4/27/00
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reconstituting. DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Delete**
NAME Kenneth A. Gottlieb
STREET ADDRESS 125 N. 46 Ave.
CITY-ST-ZIP Hollywood, FL 33021

TITLE **Change** **Addition**
NAME P Rolando Bouza
STREET ADDRESS 7002 SW 87th Avenue
CITY-ST-ZIP Miami, FL 33173 **D**

TITLE **Delete**
NAME YP Jim Watts
STREET ADDRESS 1550 W. 84th St. Unit 12
CITY-ST-ZIP Hialeah, FL 33014 **D**

TITLE **Change** **Addition**
NAME S Christine Porter Busch
STREET ADDRESS 13801 NW 27th Ave.
CITY-ST-ZIP Opa Locka, FL 33154 **D**

TITLE **Delete**
NAME T Jennifer C. Rendszer
STREET ADDRESS 1710 NE Miami Gardens Dr.
CITY-ST-ZIP Miami, FL 33179

TITLE **Change** **Addition**
NAME T Jennifer C. Rendszer
STREET ADDRESS 1746 NE Miami Gardens Dr.
CITY-ST-ZIP Miami, FL 33179 **T**

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Delete**
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: Jennifer C. Rendszer 4/27/00 305-944-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #