

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016952

1. Entity Name  
INTEGRAL GLOBAL SECURITY, CORP.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90248 020 \*\*\*150.00

Principal Place of Business

9350 S. DIXIE HWY., PH 2  
MIAMI FL 33156

Mailing Address

9350 S. DIXIE HWY., PH 2  
MIAMI FL 33156

2. Principal Place of Business

3440 HOLLYWOOD BLVD

3. Mailing Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

SUITE 360

Suite, Apt. #, etc.

SUITE 360

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0988390

Applied For

Not Applicable

Zip

Country

33021 U.S.A.

Zip

Country

33021 U.S.A.

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

ROTH, LEONARDO A  
9350 S. DIXIE HWY., PH 2  
MIAMI FL 33156

Name

ROTH, LEONARDO A -

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

3440 HOLLYWOOD BLVD, SUITE 360

City

HOLLYWOOD

FL

Zip Code

33021

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

*Leonardo A. Roth*

LEONARDO A. ROTH, ESQ 4-6-01

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME AMAR, SALMAN  
STREET ADDRESS 1250 HALLANDALE BEACH BLVD., SUITE 1006  
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE D ☐ Delete  
NAME AMAR, SALMAN  
STREET ADDRESS 1250 HALLANDALE BEACH BLVD., SUITE 1006  
CITY-ST-ZIP HALLANDALE FL 33009

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Salman Amar*

SALMAN AMAR

4-6-01

(954)322-4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)