## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P00000016952 1. Entity Name 04-22-2002 90271 020 \*\*\*150.00 INTEGRAL GLOBAL SECURITY, CORP. Principal Place of Business Mailing Address 2440 HOLLYWOOD BLVD SUITE 380 3440-HOLLYWOOD BLVD-SUITE 360 -HOLLYWOOD FL-33031-HOLLYWOOD FL 33021-2. Principal Place of Business 3. Mailing Address 1250 E. HALLANDSI OF BUSINESS PUSCE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 607 City & State City & State - -4. FEI Number Applied For 65-0988390 USUUSNOAL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALMAN TMAR ROTH: LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD SUITE 386 HOLLYWOOD FL 33021 1250 E. HOLLONDALE POH. 8. The above named entity supphits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition AMAR SOUMAN Change AMAR, SALMAN NAME NAME PUICE PRESIDEN BLUD BCH. STREET ADDRESS 1250 HALLANDALE BEACH BLVD., SUITE 2009 6007 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE VD Delete TITLE ☐ Addition NAME KARP, GUSTAVO NAME STREET ADDRESS 1250 HALLANDALE BEACH BLVD., SUITE 1006 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/09/02

954)458-0001 Daytime Phone #

☐ Change

☐ Addition