

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000018954
 1. Entity Name
YDROVO SECURITY INC.

DO NOT WRITE IN THIS SPACE

425063

2. Principal Place of Business <u>10066 SW 163 Pl.</u>	3. Mailing Address <u>10066 SW 163 Pl.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Miami, FL</u>	City & State <u>Miami, FL</u>	4. FEI Number <u>65-0986426</u>	Applied For Not Applicable
Zip <u>33196</u>	Country <u>U.S.</u>	Zip <u>33196</u>	Country <u>U.S.</u>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name OSCAR A. YDROVO

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

10066 SW 163 Pl.

City Miami, FL Zip Code 33196

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.

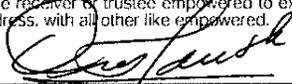
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<u>P - OSCAR A. YDROVO</u>	TITLE	
NAME	<u>10066 SW 163 Pl.</u>	NAME	
STREET ADDRESS	<u>Miami, FL 33196</u>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>V - BRUNO YDROVO</u>	TITLE	
NAME	<u>10066 SW 163 Pl.</u>	NAME	
STREET ADDRESS	<u>Miami, FL 33196</u>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>T - MARIA E. YDROVO</u>	TITLE	
NAME	<u>10066 SW 163 Pl.</u>	NAME	
STREET ADDRESS	<u>Miami, FL 33196</u>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>S - GLENDA M. YDROVO</u>	TITLE	
NAME	<u>2525 RIVERLANE TER.</u>	NAME	
STREET ADDRESS	<u>FT. LAUDERDALE, FL 33312</u>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  OSCAR A. YDROVO 3/1/02 305-388-3474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)