

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90135 030 ***150.00

DOCUMENT # P00000025645

1. Entity Name
NOVA INTERNATIONAL SECURITY CORP.

Principal Place of Business

**8268 N.W. 68TH STREET
 MIAMI FL 33166**

Mailing Address

**8268 N.W. 68TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0990054**

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

**SURIJON, ALBERTO L
 7485 N.W. 68TH STREET
 MIAMI LAKES FL 33015**

Name

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

8268 N.W. 68 Street

City

MIAMI

FL

Zip Code
33166

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

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SURIJON, ALBERTO L	
STREET ADDRESS	7485 N.W. 68TH STREET	8268 N.W. 68 ST
CITY - ST - ZIP	MIAMI LAKES FL 33015	MIAMI FL 33166
TITLE	STD	<input type="checkbox"/> Delete
NAME	PADILLA, GERMAN	
STREET ADDRESS	G/O 8951 S.W. 152ND STREET	8268 N.W. 68 ST
CITY - ST - ZIP	MIAMI FL 33166	MIAMI FL 33166
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/02 2056299016
 Date Daytime Phone #

CR2E034 (9/01)