

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000029650**1. Entity Name
SOUTHERN SECURITY FINANCE COMPANY**Principal Place of Business**4995 N.W. 72ND AVENUE
SUITE 303
MIAMI
33166

FL

Mailing Address4995 N.W. 72ND AVENUE
SUITE 303
MIAMI
33166

FL

2. Principal Place of Business

7400 SW 50 TERRACE

3. Mailing Address

P.O. BOX 558667

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33155

Country

Zip
332558667

Country

4. FEI Number**65-0995049**

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DOMINGUEZ JULIP P
4995 N.W. 72ND AVENUE
SUITE 303
MIAMI
33166

FL

7. Name and Address of New Registered Agent

Name

DOMINGUEZ JULIO P

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

4995 N.W. 72ND AVENUE

SUITE 303

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 **JULIO P. DOMINGUEZ****04/03/2001**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLERICO-BERTOLA CARLO	
STREET ADDRESS	4995 N.W. 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARCENA M. JACQUELINE	
STREET ADDRESS	4995 N.W. 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ JULIO P	
STREET ADDRESS	4995 N.W. 72ND AVENUE SUITE 303	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLERICO JUAN F	
STREET ADDRESS	4995 N.W. 72ND AVENUE SUITE 303	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D-CH	<input checked="" type="checkbox"/> Delete
NAME	CLERICO-BERTOLA GIACOMO	
STREET ADDRESS	4995 N.W. 72ND AVENUE SUITE 303	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: Julio P. Dominguez

PD

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)