2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
03-19-2001 90478 046 ***150.00

DOCUMENT # P00000035488

1. Entity Name
FLORIDA BURGLARY SECURITY SYSTEMS INC.

Principal Place of Business	Mailing Address
458 E 20ST HIALEAH FL 33013	458 E 20ST HIALEAH FL 33013

3108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8181 N-W 36 ST SUITE 1002		8181 N-W 36 ST	
Suite, Apt. #, etc. 1002		Suite, Apt. #, etc. 1002	
City & State MIAMI Fl		City & State MIAMI Fl	
Zip 33166	Country DADE	Zip 33166	Country DADE

4. FEI Number 06-757-8485 ☐ Applied For ☐ Not Applicable

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
CHUY, FIDEL 458 E 20ST HIALEAH FL 33013	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 3/15/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHUY, FIDEL 458 EAST 20TH STREET HIALEAH FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D CHUY, FIDEL 8181 N-W 36 ST SUITE 1002 MIAMI Fl 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALFONSO, GUILLERMO F 8851 NW 119 STREET, UNIT 3305 HIALEAH GARDENS FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 3/15/01 (305) 436-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #