

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000039753

1. Entity Name

VANGUARD SECURITY OF BROWARD  
COUNTY, INC.



**FILED**

03 JUN -6 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10145 N.W. 19TH STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
SAME

4. FEI Number 650582620

Applied For  
Not Applicable

Zip  
33172

Country

Zip  
SAME

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name DAVID SHOPAY

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

10145 N.W. 19TH STREET

City MIAMI

FL

Zip Code  
33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-4-03

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Brian Hamcrik  
6241 N. Dixie Hwy., Ft. Lauderdale, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900021268799  
07/02/03--01019--009 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
David Shopay  
10145 N.W. 19th Street, Miami, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

Date

Daytime Phone #

CR2E034B (12/02)



*"An Employee Owned Company"*

*Zaltz*

June 5, 2003

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

By means of this letter, we are requesting that the late filing fee be waived; do to our corporation not receiving the UBR from the state for Vanguard Security, Inc. Document # P00000039791 and Vanguard Security of Broward County, Inc. Document # P00000039753 and On Guard Security and Investigations Inc. Document # P00000039787

Thank you,

*David H. Shopay*

David H. Shopay  
Director, Vanguard Security, Inc.