2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000039791 1. Entity Name VANGUARD SECURITY, INC.				Secretary of State 02-10-2002 90029 037 ***158.75
9600 NW 38 ST., STE. 300		Mailing Address 9600 NW 38 ST., STE. 300 MIAMI FL 33178		
2. Principal Place of Business 3. M		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-2227469 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
CORPDIRECT AGENTS 103 N. MERIDIAN ST. LOWER LEVEL TALLAHASSEE FL 32301				auld H., Shopay is (P.O. Box Number is Not Acadeptable) 20 N, W: 38 Nn ST. Zip Code 331.78
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and little applicable. (NOTE: Registered Agent signature required then reintaling) Part of the purpose of changing its registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required then reintaling) Part of the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and little applicable. (NOTE: Registered Agent signature required then reintaling) 10. Election Campaign Financing \$5.00 May Be				
			2 Fee will be \$550.00 e to Department of S	Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REOUCO, SHOPAY L 9600 NW 38TH ST. MIAMI FL 33178	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shopay, Rebecca	□ Delete S+- 3 178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I⊋ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, Fla. 33 Shopey, David 9600 N.W. 389 Miami, Flg.	Delete 54 S4 S3 178	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
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.				