FILED
May 24, 2001 8:00 am
Secretary of State
04-26-2001 90061 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040214

1. Entity Name
AMERICAN PROTECTION SYSTEMS CORP.

Principal Place of Business	Mailing Address
P.O. BOX 566651-33256 MIAMI FL 33256-6651	P.O. BOX 566651-33256 MIAMI FL 33256-6651

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9940 SW 37 ST		PO Box 566651-33256	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Florida		City & State: MIAMI FLORIDA	
Zip: 33165	Country: USA	Zip: 33256-6651	Country: USA

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIANA, AMERICA
9940 SW 37 ST.
MIAMI FL 33165

7. Name and Address of New Registered Agent

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 ________________ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

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 TRIANA, AMERICA 9940 SW 37 ST. MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: AMERICA M. TRIANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #