

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90113 018 ***150.00

DOCUMENT # P00000050244

1. Entity Name
NEXTECH SECURITY, INC.

Principal Place of Business

11117 W OKEECHOBEE RD
 SUITE 131
 HIALEAH GARDENS FL 33018

Mailing Address

11117 W OKEECHOBEE RD
 SUITE 131
 HIALEAH GARDENS FL 33018

2. Principal Place of Business

2246 W. 80 STREET
 Suite, Apt. #, etc.
 BAY #3

3. Mailing Address

2246 W 80 STREET BAY 3
 Suite, Apt. #, etc.
 BAY #3

City & State
 HIALEAH, FL

City & State
 HIALEAH, FL

4. FEI Number 65-1010073

Applied For
 Not Applicable

Zip
 33016

Country

Zip
 33016

Country

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

ALFONSO, GUILLERMO
 8851 NW 119 STREET
 SUITE 3305
 HIALEAH GARDENS FL 33018

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, 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, 2002 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 D ☐ Delete
 NAME ALFONSO, GUILLERMO
 STREET ADDRESS 8851 NW 119 STREET SUITE 3305
 CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V.P. ☐ Change ☒ Addition
 NAME ALFONSO, MARGARITA
 STREET ADDRESS 2246 W. 80 STREET BAY #3
 CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Guillermo E. Alfonso
 GUILLERMO E. ALFONSO

02/08/02 (305) 826-5494

Date

Daytime Phone #

CR2E034 (9/01)