## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P00000050244 DOCUMENT #

1. Entity Name

NEXTECH SECURITY, INC.

Principal Place of Business

2246 W 80 STREET BAY #3

HIALEAH FL 33016

Suite, Apt. #, etc.

SIGNATURE

May 12, 2003 8:00 am Secretary of State 05-12-2003 90232 004 \*\*\*150.00 Mailing Address 2246 W 80 STREET BAY #3 HIALEAH FL 33016 2. Principal Place of Business 8181 NW 36 STREET 3. Mailing Address
P. O. Box 138885 Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For FLORIDA 65-1010073 ALEAIT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ALFONSO, GUILLERMO 8851 NW 119 STREET **SUITE 3305** HIALEAH GARDENS FL 33018 PLEAH

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, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) ☐ Addition TITLE TITLE ☐ Delete ALFONSO GUILLERMO F NAME ALFONSO, GUILLERMO NAME 221 EAST 37 STREET STREET ADDRESS 8851 NW 119 STREET SUITE 3305 STREET ADDRESS HIALEAH , PLORIDA 33013 CITY-ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-ZIP TITI F Delete TITLE ☐ Addition MAKEARITA ALFONSO NAME ALFONSO, MARGARITA NAME 221 EAST 37 STREET STREET ADDRESS STREET ADDRESS 2246 W 80 STREET BAY #3 HITTLEAH, FLORIDA 33013 CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33016 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

5-15-03

Daytime Phone #