

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90015 029 \*\*\*150.00

**DOCUMENT # P00000068685**

**1. Entity Name**  
**SECURITY BUSINESS CORP.**

**Principal Place of Business**  
**400 KINGS POINT DR. #1211**  
**SUNNY ISLE FL 33160**

**Mailing Address**  
**400 KINGS POINT DR. #1211**  
**SUNNY ISLE FL 33160**

**2. Principal Place of Business**  
**11421 SW 145 PL**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**11421 SW 145 PL**  
 Suite, Apt. #, etc.

**City & State**  
**Miami FL**

**City & State**  
**Miami FL**

**Zip**  
**33186**

**Country**

**Zip**  
**33186**

**Country**

**4. FEI Number** **65-1026035**

**Applied For**  
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

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

**GOMEZ, LUIS EDUARDO**  
**400 KINGS POINT DR. #1211**  
**SUNNY ISLE FL 33160**

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

**Name** **Gomez, Luis Eduardo**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11421 SW 145 PL**  
**City** **Miami** **FL** **Zip Code** **33186**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GOMEZ, LUIS EDUARDO</b>	
<b>STREET ADDRESS</b>	<b>400 KINGS POINT DR. #1211</b>	
<b>CITY-ST-ZIP</b>	<b>SUNNY ISLE FL 33160</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>OSORIO, MONICA C</b>	
<b>STREET ADDRESS</b>	<b>400 KINGS POINT DR. #1211</b>	
<b>CITY-ST-ZIP</b>	<b>SUNNY ISLE FL 33160</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GOMEZ, JOSE ANGEL C</b>	
<b>STREET ADDRESS</b>	<b>400 KINGS POINT DR. #1211</b>	
<b>CITY-ST-ZIP</b>	<b>SUNNY ISLE FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gomez, Luis Eduardo</b>	
<b>STREET ADDRESS</b>	<b>11421 SW 145 PL</b>	
<b>CITY-ST-ZIP</b>	<b>Miami FL 33186</b>	
<b>TITLE</b>	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Osorio, Monica C</b>	
<b>STREET ADDRESS</b>	<b>11421 SW 145 PL</b>	
<b>CITY-ST-ZIP</b>	<b>Miami FL 33186</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gomez, Jose Angel C</b>	
<b>STREET ADDRESS</b>	<b>11421 SW 145 PL</b>	
<b>CITY-ST-ZIP</b>	<b>Miami FL 33186</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02**  
 Date

**3052299050**  
 Daytime Phone #

CR2E034 (9/01)