2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P0000072204 1. Entity Name 05-15-2001 90107 016 ***150.00 DSR SECURITY & CONSULTING, INC. Principal Place of Business Mailing Address 628 SW 22ND AVENUE 628 SW 22ND AVENUE DUUULUUU MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address 7850 NW 146 7850 NW 1410 ST. Suite, Apt, #. etc DO NOT WRITE IN THIS SPACE **SUITE 420** SUITE 420 City & State 4. FEI Number Applied For AKES, FL 027246 ΜιλΜι lo5-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT Change ☐ Addition TITLE ☐ Delete TITLE FONTICIELLA, WALFRIDO A NAME NAME W.A. FONTICIELLA 1850 NW 146 ST. 420 628 SW 22ND AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITI F ☐ Change TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITE F ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Daleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST:ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED