2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000072440

Entity Name: CRIME CONTROL SECURITY INC.

Apr 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8009 NW 36 ST, STE 204 2100 WEST 76TH STREET MIAMI, FL 33166 405

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

8009 NW 36 ST, STE 204 2100 WEST 76TH STREET MIAMI, FL 33166

HIALEAH, FL 33016

FEI Number: 65-1030429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ, RAFAEL FERNANDEZ, RAFAEL A PRES. 8009 NW 36 ST. STE 230 2100 WEST 76TH STREET MIAMI, FL 33166 405

HIALEAH, FL 33016

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: RAFAEL A. FERNANDEZ 04/13/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FERNANDEZ, RAFAEL FERNANDEZ, RAFAEL A Name: Name: 8009 NW 36 ST STE 204 2100 WEST 76TH STREET #405 Address: Address:

MIAMI, FL 33166 HIALEAH, FL 33016 City-St-Zip: City-St-Zip:

Title: Title: TD (X) Change () Addition () Delete

FERNANDEZ, KEYLA FERNANDEZ, KEYLA Name: Name: 8009 NW 36 ST STE 204 2100 WEST 76TH STREET #405 Address: Address:

MIAMI, FL 33166 HIALEAH, FL 33016 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: VD. () Delete CASTILLO, FRANCYA Name: CASTILLO, FRANCYA M Name:

8009 NW 36TH ST STE 204 2100 WEST 76TH STREET #405 Address: Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A. FERNANDEZ PD 04/13/2002