2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
08-21-2001 90010 022 ***150.00

002488 AV

DOCUMENT #: P00000075236

1. Entity Name
H.S.I. SECURITY GROUP, INC.

Principal Place of Business	Mailing Address
12289 PEMBROKE ROAD SUITE 183 PEMBROKE PINES FL 33025	12289 PEMBROKE ROAD SUITE 183 PEMBROKE PINES FL 33025

C0075376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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
HARMON, YONETTE 12289 PEMBROKE ROAD SUITE 183 PEMBROKE PINES FL 33025	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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P HARMON, YONETTE 12289 PEMBROKE ROAD PEMBROKE PINES FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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 Date Daytime Phone #

ATTACHMENT

H.S.I. SECURITY GROUP, INC.

12289 Pembroke Road, Suite 183
Pembroke Pines, Florida 33023
954.964.2922

July 27, 2001

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

D#P00000075236
C00753?6

Re: Uniform Business Report

Dear Sir or Madam:

Enclosed you will find a check in the amount of $150.00 for annual fee required by the Division of Corporations.

This is the first notice that we have received in regard to the fee required, which made it impossible for us to make prompt payment as required. We recently called your office with regard to this matter and was advised to send the regular fee of $150.00 with an explanation.

We hope this will satisfy the requirements with regard to any other feeds necessary. If you have any questions please feel free to call.

Sincerely,

Yanette Harmon
President