

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90010 022 ***150.00

0024989 AV

DOCUMENT # P00000075236

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

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

Mailing Address
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

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **P** ☐ Delete
 NAME **HARMON, YONETTE**
 STREET ADDRESS **12289 PEMBROKE ROAD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 CITY-ST-ZIP

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 #

CR2E034 (5/01)



H.S.I. SECURITY GROUP, INC.

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

ATTACHMENT

July 27, 2001

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

Re: Uniform Business Report

D# P000000075236
C00075376

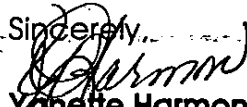
Dear Sir or Madam:

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 fees necessary. If you have any questions please feel free to call.

Sincerely,


Yvette Harmon
President