

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90380 047 ***150.00

DOCUMENT # P00000075691

1. Entity Name

ALARM PROTECTION SECURITY SYSTEM, CORPORATION

Principal Place of Business

**12843 SW 62ND LANE
 MIAMI FL 33183**

Mailing Address

**12843 SW 62ND LANE
 MIAMI FL 33183**

2. Principal Place of Business

19800 SW 180 AVE LOT 414

3. Mailing Address

19800 SW 180 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 414

LOT 414

City & State

City & State

Mia FLORIDA

Mia FLID

Zip

Country

Zip

Country

33187

DDDE

33187

DDDE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1040018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, IGNACIO
 12843 SW 62ND LANE
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

FERNANDEZ IGNACIO

Street Address (P.O. Box Number is Not Acceptable)

19800 SW 180 AVE

LOT 414

City

Mia

FL

Zip Code

33187

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, IGNACIO	
STREET ADDRESS	12843 SW 62ND LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, XIOMARA	
STREET ADDRESS	12843 SW 62ND LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PROSIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ IGNACIO	
STREET ADDRESS	19800 SW 180 AVE LOT 414	
CITY-ST-ZIP	Mia FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)