

FILED  
Jul 01, 2002 8:00 am  
Secretary of State

04-23-2002 90430 043 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000106008 ✓  
1. Entity Name

VIP SECURITY SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1814 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

704

3. Mailing Address

2000 ATLANTIC SHORES BLVD

Suite, Apt. #, etc.

507

37124

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

U.S.A

City & State

HALLANDALE, FL

Zip

33009

Country

U.S.A

4. FEI Number

65-105-4323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HOSSAM M. WAZIRY

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

2000 ATLANTIC SHORES BLVD #507

City

HALLANDALE

FL

Zip Code

33009

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

HOSSAM M. WAZIRY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HOSSAM M. WAZIRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

CR2E034B (12/01)