

Apr. 30. 2001 3:45PM

No. 2724 P. 2/3

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000115511****1. Entity Name****International Monitoring, Inc.****Principal Place of Business**
9600 NW 38th Street,
Suite 300
Miami, Florida 33178**Mailing Address**
9600 NW 38th Street,
Suite 300
Miami, Florida 33178**2. Principal Place of Business**
6990 S. W. 8th Street**3. Mailing Address**
6990 S. W. 8th Street**Suite, Apt. #, etc.**
Second Floor**Suite, Apt. #, etc.**
Second Floor**City & State**
Miami, FL**City & State**
Miami, FL**Zip**
33144**Country**
USA**Zip**
33144**Country**
USA**4. FEI Number****65 1063013****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

FILED**01 MAY 11 PM 1:13****SECRETARY OF STATE**
TALLAHASSEE, FLORIDA**6. Name and Address of Current Registered Agent****7. Name and address of New Registered Agent****Registered Agents of Florida, LLC****100 SE 2nd Street, Suite 3500****Miami, Florida 33131****Name****Street Address (P. O. Box Number is Not Acceptable)****500004342395--8****-06/05/01--01034--009********158.75 ****158.75****City****FL****Zip****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) ☐**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**D** ☐ **Delete**
David Shopay
9600 NW 38th Street, Suite 300
Miami, Florida 33178**TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Delete****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Change** ☐ **Addition****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP**V** ☐ **Change** ☒ **Addition**
Gary Feick
6990 S.W. 8th Street, Second Floor
Miami, FL 33144**TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Delete****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Change** ☐ **Addition****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Delete****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Change** ☐ **Addition****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Delete****TITLE**
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ **Change** ☐ **Addition****SP****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****Gary Feick, Vice President** **4-30-01** **(305) 592-9747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #