FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 27, 2002 8:00 am Secretary of State P01000001629 DOCUMENT # 1. Entity Name 05-27-2002 90496 028 ***150 00 F.D.N.C. SECURITY, INC. Principal Place of Business Mailing Address 4205 CHERRYWOOD COURT 4205 CHERRYWOOD COURT WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address 4709 wana Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For derdale 65-106648 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Saraga SARAGA, FREDDY Street Address (P.O. Box Number is Not Acceptable) **4205 CHERRYWOOD COURT** WESTON FL 33331 range Zip C 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 d Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITI F Delete TITLE Change ☐ Addition SARAGA. FREDD SARAGA, FREDDY NAME NAME 4709 Olange Dri **4205 CHERRYWOOD COURT** STREET ADDRESS STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ∽ 🗖 Delete TITLE 2 - Change _ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmonthy multiplication of the receiver of the rece

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

DARAGE

04-2802

954) 792 322

Daytime Phone

☐ Change

☐ Addition