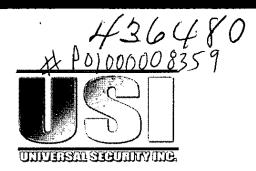
## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State **DÖCUMENT #** P01000008359 1. Entity Name UNIVERSAL SECURITY INC. 05-29-2002 90676 021 \*\*\*150.00 Principal Place of Business Mailing Address 9741 N.W. 31ST STREET 9741 N.W. 31ST STREET MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FE! Number t /ORIDA \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASAS, EDWARD Street Address (P.O. Box Number is Not Acceptable) 6039 COLLINS AVE. #1804 MIAMI BEACH FL 33140 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE (9/01) Change Change gonzalez, vanessa a NAME Vanessa A.D. Vizaides NAME 9741 N.W. 31ST STREET STREET ADDRESS 7454 NW85+ CR2E034 rolonic STREET ADDRESS MJAMÍ FL 33172 CITY-ST-ZIP miami Fl 33126 CITY-ST-ZIP ☐ 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

Attachment



05-16-2002

To whom it may concern

Do to address change my executive assistant filled the address chance information incorrectly at post office and I recently received the uniform business report. It is for this reason that I am asking for the removal of the penalty. I have corrected the address information and have sent check # 1583 for the amount of \$150.00. I apologize for any inconvenience.

Sincerely

Vanessa A. Dulzaides