

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90676 021 ***150.00

DOCUMENT # P01000008359

1. Entity Name
UNIVERSAL SECURITY INC.

Principal Place of Business

**9741 N.W. 31ST STREET
 MIAMI FL 33172**

Mailing Address

**9741 N.W. 31ST STREET
 MIAMI FL 33172**

2. Principal Place of Business

7454 NW 8 ST

3. Mailing Address

7454 NW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FLORIDA

MIAMI FLORIDA

City & State

City & State

Zip

Country

Zip

Country

33126

33126

4. FEI Number **65 1070927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CASAS, EDWARD
 6039 COLLINS AVE. #1804
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 **PD**
 NAME **GONZALEZ, VANESSA A**
 STREET ADDRESS **9741 N.W. 31ST STREET**
 CITY-ST-ZIP **MIAMI FL 33172**

☒ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **Vanessa A. Dulzaides**
 STREET ADDRESS **7454 NW 8st**
 CITY-ST-ZIP **miami FL 33126**

☒ Change ☐ Addition

TITLE
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CR2E034 (9/01)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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