

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-11-2002 90044 013 ***150.00

DOCUMENT # P01000019907

1. Entity Name

SECURITY AND TECHNOLOGY DESIGN, INC.

Principal Place of Business

**7700 N KENDALL DR STE 405
MIAMI FL 33156**

Mailing Address

**7700 N KENDALL DR STE 405
MIAMI FL 33156**

22004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1101052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITMAN, LORN**7700 N KENDALL DR STE 405
MIAMI FL 33156**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PUTRINO, ROBERT	
STREET ADDRESS	370 NW 106 TERR	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, IRV	
STREET ADDRESS	21410 W DIXIE HWY N	
CITY - ST - ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASS, BRUCE	
STREET ADDRESS	150 NW 79 ST	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENNARO, JOSEPH	
STREET ADDRESS	6901 CYPRESS RD #D-13	
CITY - ST - ZIP	PLANTATION FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, ROBERT	
STREET ADDRESS	100 KINGS POINT DR	
CITY - ST - ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)