

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 016 ***150.00

DOCUMENT # P 01000021710

1. Entity Name

MX Alarms, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 Mystic Point Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

PH1

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

33180

Country

U.S.

Zip

Country

4. FEI Number

65-1097810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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80053885

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Eric Bouskila

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

3600 Mystic Point Dr PH1

City

Aventura

FL

Zip Code

33180

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]

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Eric Bouskila
3600 Mystic Point Dr PH1
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Bouskila

Date

3/15/02

Daytime Phone #

305-

692-1774

CR2E034B (12/01)