## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000029403 FILED 1. Entity Name SOUND & SECURITY SPECIALIST, INC. 02 NOV -4 AM II: 06 SEUNETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 8198 W. FLAGLER STREET 8198 W. FLAGLER STREET MIAMI, FL 33144 MIAMI, FL 33144 6000008792256 2. Principal Place of Business 3. Mailing Address 11/04/02--01105--019 \*\*150.00 8198 W. FLAGLER STREET 8198 W. FLAGLER STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 94-339333 City & State City & State Applied For MIAMI, FLORIDA MIAMI, FLORIDA. Not Applicable Country -\$8.75 Additional 33144 5. Certificate of Status Desired DADE 33144 DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - VASQUEZ, ASDEL VASQUEZ, ASDEL Street Address (P.O. Box Number is Not Acceptable) 11525 S.W. 149 COURT MIAMI. FL 33196 8198 W. FLAGLER STREET Zip Code 33/44 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. 10-30-02 . 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 $\mathcal{P}\mathcal{D}$ TITLE Dclete Addition VASOUEL, ASDEL 8198 W. FLAGLER STREET NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Delcte TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 AND TYPED OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Davime Phone #

Division of Corporations

P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation SOUND & SECURITY SPECIALIST, INC. Thank you for your courtesy in this matter.

Asdel Vazquez

President