200	2 UNIFORM BUSI	NESS REPO	RT (UB	R)
DOCUMENT # PG/_000050650				FILED
SAFE & SECURITY SYSTEMS, INC.				02 APR 30 PM 12: 30
Principal Pla	ce of Business	Mailing Address		SECRETARY OF STATE FALLAHASSEE, FLORIDA
2. Principal Place of Business 4741 N.W. 72 Avenue 4741 N.W. 72			72 Aven	
Suite, Apt. #, etc. Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE	
City & Sta	•	City & State Miami, Flo	rida	4. FEI Number Applied For 65 - 111 08 41 Not Applicable
Zip 33166	Country	Zip 33166	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
8. The above	e named entity submits this statement for	the purpose of changing its r	Street A 1 S. Su City	Lie Alan Rozencwaig, P.A. Iddress (P.O. Box Number is Not Acceptable) E. 3rd Atenue ite 960 iami 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) ONTE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tille Now!!! FEE:IS \$150.00				
11.	OFFICERS AND D	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/S/D
NAME STREET ADDRESS CITY-ST-ZIP		_ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Juan Carlos Velez 4741 N.W. 72 Avenue Miami, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 empoyered 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 #				

LESLIE ALAN ROZENCWAIG, P.A.

SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
SUITE 960
MIAMI, FLORIDA 33131

LESLIE ALAN ROZENCWAIG ROSARIO FERRERO - CARR TELEFAX (305)379-6808 E-MAIL: BIZLITLAW@aol.com

TELEPHONE (305) 379-6100

April 25, 2002

FEDEX AIRBILL NO. 8311 7047 2618

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Our Client File Number 0736(p)

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report (UBR) in connection with Safe & Security Systems, Inc. as well as a check in the amount of One Hundred Fifty Dollars (\$150) representing the applicable fee.

Cordially,

LESZIE ALAN ROZENCWAIG, P.A.

RÓSARIO FERRERO-CARR, ESQ.

For the Firm

LAR/cg Enclosures

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