

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90004 003 ***150.00

DOCUMENT # P01000053243

1. Entity Name

SOUTH DADE SECURITY TRAINING, CORP.

Principal Place of Business

**2072 NW 7TH STREET
MIAMI FL 33125-3423**

Mailing Address

**2072 NW 7TH STREET
MIAMI FL 33125-3423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1116629

Applied For

Not Applicable

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

DIAZ, WILLIAM M**2072 NW 7TH STREET
MIAMI FL 33125-3423**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DIAZ, WILLIAM M
2072 NW 7TH STREET
MIAMI FL 33125-3423** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 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

7-18-02 (305) 858 1021

CR2E034 (4/02)



SOUTH DADE SECURITY TRAINING

Attachment
PO1000053243/675798

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS

P.O. Box 1500

TALEAHASSEE FL 32302-1500

REGARDING: PO1000053243 (UBR)

DEAR SIR/MADAM

I NEVER RECEIVED MY 2002 UNIFORM
BUSINESS REPORT # PO1000053243.

CALLED AND SPOKE TO HELMA AND
SHE TOLD ME TO WRITE AN EXPLANATION
REGARDING THIS MATTER. ENCLOSED IS A
CHECK FOR \$150-

THANK YOU
WILLIAM DIAZ