

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90224 041 \*\*\*150.00

**DOCUMENT # P01000060224**

1. Entity Name  
**SECURE PROPERTY HOLDINGS, INC.**



Principal Place of Business  
**1711 N 43RD AVENUE  
HOLLYWOOD FL 33021**

Mailing Address  
**1711 N 43RD AVENUE  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**10701 SW 27TH ST**

3. Mailing Address  
**10701 SW 27TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVIE**

City & State

**DAVIE**

Zip

**33328**

Country

**BROWARD**

Zip

**33328**

Country

**BROWARD**

4. FEI Number **65-1109029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MIGNACCA, ROBERT  
1711 N 43RD AVENUE  
HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

Name

**MIGNACCA, ROBERT**

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

**10701 SW 27TH ST.**

City

**DAVIE**

**FL**

Zip Code

**33328**

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 **R. Mignacca / R. MIGNACCA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04.21.03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **MIGNACCA, ROBERT**  
STREET ADDRESS **1711 N 43RD AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VTD** ☐ Delete  
NAME **LEMIRE, RICHARD**  
STREET ADDRESS **10701 SW 27TH STREET**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition  
NAME **MIGNACCA, ROBERT**  
STREET ADDRESS **10701 SW 27TH ST**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Mignacca / R. MIGNACCA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.21.03, 954-927-9202**

Date

Daytime Phone #

CR2E034 (10/02)