

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90047 031 ***163.75

DOCUMENT # P01000073403

1. Entity Name
SPECIAL SECURITY TEAM CORPORATION



Principal Place of Business

1356 SW 8TH STREET

SUITE #201

MIAMI FL 33135

US

Mailing Address

2211 S.W. 24 TERR.

MIAMI FL 33145

US



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 **65-1132920**

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

SOLANO, LAUDELINO

2463 S.W. 22 STREET #53

MIAMI FL 33145

Name

SOLANO, LAUDELINO

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

2211 SW 24 TERRACE

City **Miami**

FL

Zip Code

33145

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

LAUDELINO SOLANO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Delete**
NAME **SOLANO, LAUDELINO**
STREET ADDRESS **2463 S.W. 22ST. #53**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **SOLANO LAUDELINO**
STREET ADDRESS **2211 SW 24 TERRACE.**
CITY-ST-ZIP **MIAMI. FL. 33145.**

TITLE **PSTD** ☐ **Delete**
NAME **SOLANO LAUDELINO**
STREET ADDRESS **2211 SW 24 TERRACE.**
CITY-ST-ZIP **MIAMI FL. 33145**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 689, 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 empow.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/09/2003 (786) 554-7586

CR2E034 (10/02)