2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073403

1. Entity Name

SIGNATURE:

SPECIAL SECURITY TEAM CORPORATION



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

01-13-2003 90047 031 ***163.75

01/09/2003 1786)554-7586.

Principal Place of Business			ng Address S.W. 24 TERR.										
SUITE #201			MIAMI FL 33145				بسدة بسيرسن سي	ئىسە بىڭ يەتىنى دەت ان					
			US				1188118	1 DEL BOURT DORM D		1181 H 111 III			
MIAMI FL 33135		50				Î							
US Origanal Plan	on of Business	3 M	ailing Address	_				A INS MORAL INVIDES	ALAH MBAH BAHAH	16111 1 0100 (()	15 44811 88 1	III	
2. Principal Place of Business								./					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			ly & State				4. FEI Number 65-1132920				Applied For Not Applicable		
Zip	Countr	y Zi _l	0	Countr	у	5.	Certificate	of Status Des	sired		75 Addi Required		
	6 Name and Add	ress of Current Registe	Registered Agent				7. Name and Address of New Registered Agent						
	U. INAIIIO ASIU AGO	, out of our one rice siste			Name) Au					
0014110 1	ALIDELINO									<u> </u>			
SOLANO, LA					Street Ad	dress (P.O.	Box Numb	er is Not Acce	eptable)				
	22 STREET #53		•	-				<u> </u>					
, MIAMI FL 33	3145			-	2211	SW	1 24	TERR	LACE				
્રે	- · · •									Zip Code	1116		
						1 ami						145.	
R The shove n	named entity submits	this statement for the pu	rpose of changing its	registe e	d office or	register@d a	agent, or bo	th, in the State	e of Florida.	I am famili	iar with, a	and accept	
the obligation	ons of registered age	nt.	/ /	- 1//					j	. 1.			
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SIGNATURE _	LAUVEL	INO SOLA.	00 000		Angeteignetu	e required when	n reinstating)		<u> </u>	DATE			
S	Signature, typed or printed na	me of registered agent and title if a	applicable (NOI	Begistered	Agent signatur								
EIL	E-NOW!!!-FEE-	S-\$150.00	=		<u>-</u>			ection:Campa	aign Financir	ng/	-\$5.0	O May Be	
After	May 1, 2003 Fee v	vill be \$550.00	1				•	ust Fund Con	-	Z Q		to Fees	
Make Check	Payable to Florida	Department of State											
10.		OFFICERS AND DIRECT	TORS	11.			ADDITIONS	/CHANGES T	O OFFICER				
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12. I hereby c	ertify that the informa	ation supplied with this fil	ing does not qualify f	for the exe	mption statute shall h	ted in Secti ave the sar	on 119.07(3 ne legal effe	o(i), Florida Si ect as if made	iaiuies. I fürl under oath:	that Lam a	an officer	or director	
indicated of the cor	on this report or sup- poration or the receiv	plemental report is true a ver or trustee empowered with an address, with all	ind accorate and trial I to execute this repo	rt as rechi	ectiby Ch	HEAGNO.	Iorida Statu	tes; and that	my name ap	pears in Bl	ock 10 o	r Block 11 if	
changed,	or on an attachment	with an address, with a	other like empowers	ALLEY C	EACTIBLE	TY TEA	M	,	1		_		
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