

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

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90045 025 ***150.00

DOCUMENT # P01000078040

1. Entity Name

D.G. SECURITY NETWORK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7298 SW 40 STREET

Suite, Apt. #, etc.

3. Mailing Address

7298 SW 40 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

52-2340896

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DANIEL R. GERMANO

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

7298 SW 40 STREET

City

MIAMI,

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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.

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DANIEL R. GERMANO
7298 SW 40 STREET
MIAMI, FLORIDA 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RICARDO POMENTA
7298 SW 40 STREET
MIAMI, FLORIDA 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment 873326
~~POI 000078040~~

Miami September 20, 2002

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, Fl. 32302-1500

D.G. Security Network, Inc.
Doc No. P01000078040
UBR 2002

To Whom It May Concern:

With this letter I would like to request a waiver on the penalty for the UBR 2002. Unfortunately at the beginning of the year we moved our office so we never got the UBR 2002.

Our correct address: 7298 SW 40 Street Miami, Florida 33155.

Enclosed please find a check in the amount of \$150.00 for the payment required. Please inform me of any changes.

Thank you for your cooperation and please excuse the inconvenience.

Regards,



Daniel R. Germano
President