FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State
05-24-2002 91343 002 ***150.00

DOCUMENT # P01000089192

1. Entity Name HIGH TECH SECURITY SERVICES CORPORATION

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39505

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2. Principal Place of Business	3. Mailing Address
8744 S.W. 8TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI FL	
City & State	City & State
Zip 33174 Country MIAMI-DADE	Zip Country

4. FEI Number 01-0640442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name VICTOR M. AMBRIZ

Street Address (P.O. Box Number is Not Acceptable) 11425 SW 149 CT

City MIAMI FL Zip Code 33196

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 VICTOR M. AMBRIZ 7/16/02
Signature, typed or printed name of registered agent and date 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
Reinstatement/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	PRESIDENT
NAME	GEGORIO AGUDO
STREET ADDRESS	8744 SW 8TH ST
CITY-ST-ZIP	MIAMI FL 33174
TITLE	VICE-PRESIDENT
NAME	VICTOR AMBRIZ
STREET ADDRESS	8744 SW 8TH ST
CITY-ST-ZIP	MIAMI FL 33174
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: VICTOR AMBRIZ 5/16/02 305-221-7717
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #