

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 020 ***150.00

DOCUMENT # P01000114175
1. Entity Name
Extreme Security Networks Corp.

00001436

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4633 N.W. 94th Place
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

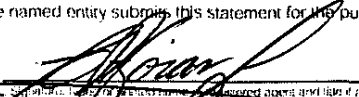
DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33178
Country
USA

4. FEI Number
03-0411241
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Claudio Azocar
Street Address (P.O. Box Number is Not Acceptable)
4633 N.W. 94th Place
City
Miami FL Zip Code
33178

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  DATE _____
(NOTE: Registered Agent signature required when resigning)

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 \$250.00
Amended UBR is \$01.25
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	President Claudio Azocar 4633 N.W. 94th place Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE _____
SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)