## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P02000226

## FILED Mar 19, 2003 8:00 am Secretary of State

| 1. Entity Nar                                  | me<br>SECURITY,                               |   |   | 03-19-2003 9               |  |              |            |                |                    |                                  |                                     |                              |             |
|--|---|---|---|----------------------------|--|--------------|------------|----------------|--------------------|----------------------------------|-------------------------------------|------------------------------|-------------|
| Principal Pla<br>668 N.W. 124<br>MIAMI FL 331  |   |   | Mailing Address<br>668 N.W. 124TH COURT<br>MIAMI FL 33182 |                            |  |              | I          |                | liðir Bærr æðrir a | i Aziri A Miria (1841) da        | <b>8</b> 21 <b>8</b> 32 <b>8</b> 31 |                              |             |
| 7/7/   | Place of Busine                               | ss<br>Way   | 3. Mailing Address 7/7/ Cosal Way                         |                            |  |              |            |                |                    |                                  |                                     |                              |             |
| Suite, Apt                                     | t. #, etc.<br>te#3                            | 107   | Suite # 307 City & State                                  |                            |  |              | 4 55111    |                | CK HERE IF         | MAKING CHA                       |                                     |                              | _           |
| Meann Ff                                       |   |   | Ma  | ,<br>                      |  | 4. FEIN      | 1-303      | 1618           | <b>)</b>           | <u> </u>                         | pplied For<br>ot Applicable         | e                            |             |
| 33 <i>i</i>                                    | 55  | Country Pass  nd Address of Current I   | 331   | 55                         | County   | re           |            | cate of Status |                    | Fee .                            | Require                             | ditional<br>ed               |             |
|  | 7. Name and Address of New Registered Agent   |   |   |                            |  |              |            |                |                    |                                  |                                     |                              |             |
| SPIEGEL<br>1840 8W<br>47H FLOO<br>MIAMIFFL     | Street 7/                                     | 7) Ca   | o. Box N.   | o M. imber is Not A "Way." | Jures<br>cceptable<br>#30  | <del></del>  | ip Cod     |                |                    |                                  |                                     |                              |             |
| SIGNATURE.                                     | Signature, typed of                           | Preade<br>printed name of registered agent an<br>FEE IS \$150.00                | t 16d   | gardo                      | gistered office of the control of th | or registere | d agent, o |                | 3//                | a. I am familia<br>12/03<br>DATE | ar with,                            |                              | -           |
| Make Check                                     | r May 1, 2003<br>k Payable to F               | Fee will be \$550.00 orida Department of  | State   |                            |  |              | ,          | Trust Fund C   |                    | ang 🗀                            |                                     | <b>0</b> May Be<br>I to Fees |             |
| 10.  |   | OFFICERS AND D  | IRECTORS  |                            | 11.  |              | ADDITIO    | NS/CHANGE      | S TO OFFICE        | RS AND DIRE                      | CTORS                               | 3 IN 11                      | 1           |
| NAME STREET ADDRESS CITY-ST-ZIP                | PSTD<br>PEREZ, EDG<br>2545 WEST<br>HIALEAH FL | 80TH STREET SUITE   |   | Delete<br>-                | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |            |                |                    |                                  | change                              | ☐ Addition                   | 007 (40/00) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | \$<br>v.  |   | Delete                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |            |                | ş <del>ş</del> .   | □ C                              | hange                               | Addition                     | CBOE        |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       |   |   |   | Delete                     | TITLENAME STREET ADDRESS CITY-ST-ZIP   |              |            |                |                    | c                                | hange                               | Addition                     |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |   | Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |              |            |                |                    | □ C                              | hange                               | Addition                     |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |   | Delete                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |            |                |                    | CI                               | nange                               | Addition                     |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |   | Delete                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              | ·          | ,, <u>,</u>    | 1.07               | □ CI                             | nange                               | Addition                     |             |
|  |   | formation supplied with the supplemental report is to seceiver or trustee empow |   |                            | e exemption state  |              |            |                |                    |                                  |                                     |                              | <u> </u>    |

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