

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91094 016 ***150.00

DOCUMENT # P02000029666

1. Entity Name
PLATINUM SECURITY CORP.



Principal Place of Business
549 NW 19 AVE
FT LAUDERDALE FL 33311

Mailing Address
549 NW 19 AVE
FT LAUDERDALE FL 33311

2. Principal Place of Business
3101 N.W. 47th TERR
Suite, Apt. #, etc.
SUITE 4-434

3. Mailing Address
3101 N.W. 47th TERR
Suite, Apt. #, etc.
SUITE 4-434

City & State
LAUDERDALE LAKES, FL
Zip
33319
Country
USA

City & State
LAUDERDALE LAKES, FL
Zip
33319
Country
USA

4. FEI Number
01-0634771

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BRIHM, ALVERENE
3216 W BROWARD BLVD
FT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
MAUZON, KENDELL
549 NW 19 AVE
FT LAUDERDALE FL 33311 ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COOP
CHRISTIE, ANDRE
549 NW 19 AVE
FT LAUDERDALE FL 33311 ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
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CITY-ST-ZIP ☐ **Change** ☐ **Addition**

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CITY-ST-ZIP ☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUZON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2003

(954) 562-9778

Date

Daytime Phone #

CR2E034 (10/02)