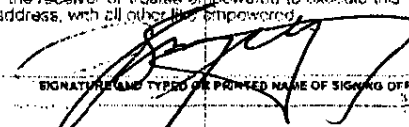


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063084			
1. Entity Name: SECURITY TECHNOLOGIES Group INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3815 LAPLAYA Blvd		3. Mailing Address 3815 LAPLAYA Blvd	
City & State COCONUT GROVE, FL		City & State COCONUT GROVE	
Zip 33133-6363		Zip 33133-6363	
Country DADE		Country DADE	
4. FEI Number 76-0712568		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Additional Fee Required \$8.75	
7. Name and Address of Current Registered Agent			
Name IRA LIBANOFF ESQ			
Street Address (P.O. Box Number is Not Acceptable) 150 SOUTH PINE ISLAND RD STE 400			
City Plantation			
State FL			
Zip Code 33324			
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 _____ (NOTE: Registered agent signature required under handwriting)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.35 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE DIRECTOR		TITLE	
NAME JAMES Milford		NAME	
STREET ADDRESS 3815 LAPLAYA Blvd		STREET ADDRESS	
CITY-STATE-ZIP COCONUT GROVE, FL 33133		CITY-STATE-ZIP	
TITLE LEWIS NADEL		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE DIRECTOR		TITLE	
NAME LEWIS NADEL		NAME	
STREET ADDRESS 10840 LONDON-ST		STREET ADDRESS	
CITY-STATE-ZIP Cooper City FL 33026		CITY-STATE-ZIP	
TITLE Director		TITLE	
NAME THOMAS COLMAN		NAME	
STREET ADDRESS 11210 NW 43RD CT		STREET ADDRESS	
CITY-STATE-ZIP Coconut Springs FL 33065		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 on an attachment with an address, with all other officers empowered.			
SIGNATURE:  4/12/03 305-			
SIGNATURE (NAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			

CR20034B (12/02)