SENT BY: ACCOUNTING FIRM; 9544743839; APR

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

90088732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3815 LA PLAYA Blvd	3815 LA PLAYA Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT Grove, FL	City & State: Coconut Grove
Zip: 33133-6363 Country: DADE	Zip: 33133-6363 Country: DADE

4. FEI Number: 76-0712568 ☐ 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: IRA LIBANOFF ESQ

Street Address (P.O. Box Number is Not Acceptable): 150 SOUTH PINE ISLAND Rd STE 400

City: Plantation 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and the date as applicable. (NOTE: Registered agent signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
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 NAME: James Milford STREET ADDRESS: 3815 LA PLAYA Blvd CITY-ST-ZIP: COCONUT Grove, FL 33133	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: LEWIS NADEL STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Director NAME: LEWIS NADEL STREET ADDRESS: 10840 LONDON ST CITY-ST-ZIP: Cooper City FL 33026	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Director NAME: Thomas CALNAN STREET ADDRESS: 11210 NW 43rd CT CITY-ST-ZIP: Coral Springs FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 like empowered.

SIGNATURE: _____ 4/12/03 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #