

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91881 001 \*\*\*150.00

DOCUMENT # **P02000068525**

1. Entity Name  
**UNITED SECURITY GROUP**  
**P02000068525**



**DO NOT WRITE IN THIS SPACE**

**90129049**

2. Principal Place of Business  
**13220 SW 10 Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 940096**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL 33184**  
Zip  
**33184** Country  
**USA**

City & State  
**Miami, FL 33194**  
Zip  
**33194** Country  
**USA**

4. FEI Number  
**04-3688341**

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Edgar R. Polo**  
Street Address (P.O. Box Number is Not Acceptable)  
**13220 SW 10 Lane**  
City **Miami** FL Zip Code **33184**

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 **Edgar Polo**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
DATE

**January 1 - Day 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Edgar R. Polo**  
**President**  
**13220 SW 10 Lane**  
**Miami, FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Yvette Polo**  
**13220 SW 10 Lane**  
**Miami, FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**  
DATE

Daytime Phone #

CR2E034B (12/02)