

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90076 006 \*\*\*158.75

**DOCUMENT # P02000079755**

1. Entity Name  
**VULCAN FIRE PROTECTION INC.**



Principal Place of Business  
**11201 S.W. 55TH STREET #20  
MIRAMAR FL 33025**

Mailing Address  
**11201 S.W. 55TH STREET #20  
MIRAMAR FL 33025**



2. Principal Place of Business  
**6175 N.W. 167 ST.**

3. Mailing Address  
**6175 N.W. 167 ST.**

Suite, Apt. #, etc.  
**SUITE G-16**

Suite, Apt. #, etc.  
**SUITE G-16**

City & State  
**MIAMI, Florida**

City & State  
**MIAMI, Florida**

Zip Country  
**33015 USA**

Zip Country  
**33015 USA**

4. FEI Number  
**33-1015448**

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**

**ARMADA, JORGE L  
4011 WEST FLAGLER STREET STE 501  
MIAMI FL 33134-1634**

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

Name **MIGUEL A. LANDESTOY**  
Street Address (P.O. Box Number is Not Acceptable)  
**6175 N.W. 167 ST.**  
**Suite G-16**  
City **MIAMI** FL Zip Code **33015**

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)

4-8-03

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **LANDESTOY, MIGUEL A**  
STREET ADDRESS **11201 S.W. 55TH STREET #20**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **VST** ☒ Delete  
NAME **CACERES, SERGIO A**  
STREET ADDRESS **8401 SW 4TH STREET**  
CITY-ST-ZIP **MIAMI FL 33144-3505**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☐ Change ☒ Addition  
NAME **VP SALES, Treasurer, Secretary**  
STREET ADDRESS **CACERES, SERGIO A.**  
CITY-ST-ZIP **8401 S.W. 4TH ST. MIAMI, FL 33144-3505**

TITLE ☐ Change ☒ Addition  
NAME **VP INSULATION**  
STREET ADDRESS **JOSUE Guerra**  
CITY-ST-ZIP **10731 S.W. 139 AVE MIAMI, FL 33186**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

305-364-9856

Daytime Phone #

CR2E034 (10/02)