## **▼ FÖR PROFIT CORPORATION**

03 SEP 30 PM 12: 52 UNIFORM BUSINESS REPORT (UBR DOCUMENT # PO2000 80688 International Security Consultants, Inc DO NOT WRITE IN THIS SPACE 500023416475 09/30/03--01006--014 \*\*150.00 3. Mailing Address 19451 Sheridan Street 19451 Sheridan DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State embroke Pines City & State 05-052326 Not Applicable Pembroke Pines \$8.75 Additional 5. Certificate of Status Desired Fee Required W SA ΝSΑ 7. Name and Address of Current Registered Agent uis G-Flores DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 件163 IN THIS SPACE Zip Code 333372 Pembroke Pines 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 Luis 6 · Flores
Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 \$5,00 May Be 9. Election Campaign Financing After May 1, Fee is \$550.00 Added to Fees Trust Fund Contribution. Amended UBR is \$61.25 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TIFLE NAME 33332 President NAME Heather E. Roth Flores STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Luis 6. Flores 19451 Sheridan Street #163 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pambroke Pines, FC CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IN THIS SPACE TITLE TATLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADORESS

12. I hereby certify that the information supplied with this filling 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 faceiver 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Luis



09/25/03

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom may it concern:

On 9/25/03, I noticed that our corporation, International Security Consultants, Inc., Document number P02000080688, was put on an inactive status on 9/19/03. I contacted your office today and spoke to one of your representatives. I explained to her that we have submitted the necessary documentation every quarter through our accountant. I also explained to her that we never received the first Annual Uniform Business Report (UBR) for 2003. The representative looked up in your system and noticed that your records show that the annual reports were returned back to your office and were not delivered to us. I'm requesting that you would waive the late fee due for reasons beyond our control, we could not send the UBR on time. As instructed by the representative, I'm enclosing a \$150.00 check for this year's payment.

Sincerely,

Luis G. Flores

Jirector