

FILED

03 APR 11 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086048

1. Entity Name  
INTERFOR SECURITY SYSTEMS INC.



Principal Place of Business 1031 IVES DAIRY ROAD SUITE 2800-235 MIAMI, FL 33179	Mailing Address 1031 IVES DAIRY ROAD SUITE 2800-235 MIAMI, FL 33179
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2. Principal Place of Business 12955 BISCAYNE BLVD Suite, Apt. #, etc. Suite 328	3. Mailing Address 12955 BISCAYNE BLVD Suite, Apt. #, etc. Suite 328
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City & State N. MIAMI FL	City & State N. MIAMI FL
Zip 33181	Country USA

200015747382  
04/11/03--01026--009 \*\*300.00



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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JONATHAN D. LEINWAND, P.A.  
2500 N. FEDERAL HIGHWAY  
SUITE 100  
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name JONATHAN D. LEINWAND, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
12955 BISCAYNE BLVD Suite 328  
City N. MIAMI FL Zip Code 33181

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 *Jonathan D. Leinwand* DATE 3 April 2003

(NOTE: Registered Agent signature required when substituting)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		JONATHAN LEINWAND DIRECTOR 12955 BISCAYNE BLVD #526 N. MIAMI FL 33181	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Jonathan D. Leinwand* DATE: 3 April 2003 PHONE: 3059814521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (1/01/02)

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