

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000086994**

1. Entity Name **PSV SECURITY, INC**

FILED

02 AUG 21 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 N. HIATUS ROAD

3. Mailing Address

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

4. FEI Number

16-1621439

Applied For

Not Applicable

Zip

33026

Country

US.

Zip

Country

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

ROSS TRABER

Street Address (P.O. Box Number is Not Acceptable)

1000 N. HIATUS ROAD

City

PEMBROKE PINES

FL

Zip Code

33026

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/13/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DIRECTOR**
NAME **LUIS SALLADO**
STREET ADDRESS **1000 N. HIATUS ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200007425422--6
-08/29/02--01046--014
*******61.25 *****61.25**

TITLE **DIRECTOR**
NAME **HERNANDO ALIADO**
STREET ADDRESS **1000 N. HIATUS ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR**
NAME **ROSS TRABER**
STREET ADDRESS **1000 N. HIATUS ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33026**

TITLE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/02

954-436-4747