

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90066 018 ***150.00

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1. Entity Name
PSV SECURITY, INC.



Principal Place of Business
1000 N. HIATUS ROAD. #110
PEMBROKE PINES FL 33026

Mailing Address
1000 N. HIATUS ROAD. #110
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1621439**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAGER, ROSS
1000 NORTH HIATUS RD.
PEMBROKE PINES FL 33026

Hernando Pulido
9881 NW 52 Ave
Miami, FLA 33178

Name

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

City

FL

Zip Code

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)

DATE

2/3/2003

FILE NOW!!! FEE IS \$50.00

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 **D** ☒ Delete
NAME **TRAGER, ROSS**
STREET ADDRESS **1000 NORTH HIATUS RD.**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

TITLE **D** ☐ Delete
NAME **AILIDO, HERNANDO**
STREET ADDRESS **1000 N. HIATUS ROAD**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☒ Change ☐ Addition
NAME **Hernando Pulido**
STREET ADDRESS **9881 NW 52 Ave**
CITY-ST-ZIP **Miami, FLA 33178**

TITLE **D** ☐ Delete
NAME **SOLLEDO, LUIS**
STREET ADDRESS **1000 N. HIATUS ROAD**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☒ Change ☐ Addition
NAME **Luis Salcedo**
STREET ADDRESS **9881 NW 52 Ave**
CITY-ST-ZIP **Miami, FLA 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 2/3/2003 305-418-1892

Date

Daytime Phone #

CR2E034 (10/02)