**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 91398 029 ***150.00

TOTAL P.02

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092070

1. Entity Name
KNIGHT SECURITY OF MIAMI CORP.

90112272

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| 2522 SW 113 CT | 2522 SW 113 CT | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State: MIAMI FLORIDA | City & State: MIAMI FLORIDA | 4. FEI Number: 13-4209147 ☐ Applied For ☐ Not Applicable |
| Zip: 33165 Country: USA | Zip: 33165 Country: USA | 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: NANCY ASCANIO

Street Address (P.O. Box Number is Not Acceptable): 2522 SW 113 CT

City: MIAMI FL Zip Code: 33165

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR / PRESIDENT<br>NANCY ASCANIO<br>2522 SW 113 CT<br>MIAMI FL 33165 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR / VICE PRESIDENT<br>LORENA PEREZ<br>2522 SW 113 CT<br>MIAMI FL 33165 |
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CR2E023 (12/01)

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 supplement 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: _____ President 4/20/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #