

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91334 003 ***150.00

DOCUMENT # P02000115039	
1. Entity Name COMERCIAL AND SECURITY, CORP.	

Principal Place of Business 7827 N.W. 53RD STREET MIAMI FL 33166	Mailing Address 7827 N.W. 53RD STREET MIAMI FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

55041680

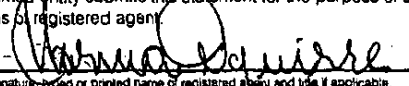


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3086103	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WULFF, FEDERICO 7827 N.W. 53RD STREET MIAMI FL 33166	7. Name and Address of New Registered Agent Name NORMA AGUIRRE Street Address (P.O. Box Number is Not Acceptable) 5803 S.W. 152 nd CT. City MIAMI FL Zip Code 33193
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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.

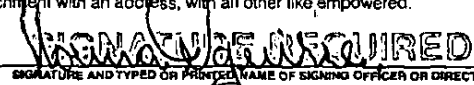
SIGNATURE:  **DATE:** _____

(NOTE: Registered Agent signature required when re-registering)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME WULFF, FEDERICO STREET ADDRESS 365 N.E. 125 TH STREET CITY-ST-ZIP MIAMI FL 33161 ☒ Delete		TITLE PT NAME NORMA AGUIRRE STREET ADDRESS 5803 S.W. 152 nd CT. CITY-ST-ZIP MIAMI FL 33193 ☒ Change ☐ Addition	
TITLE VS NAME AGUIRRE, NORMA P STREET ADDRESS 5803 S.W. 152ND CT. CITY-ST-ZIP MIAMI FL 33193 ☒ Delete		TITLE VS NAME SANTIAGO MONROY STREET ADDRESS 5803 S.W. 152 nd CT. CITY-ST-ZIP MIAMI FL 33193 ☒ Change ☐ Addition	
TITLE D NAME MONROY, ROBERTO STREET ADDRESS 5803 S.W. 152ND CT. CITY-ST-ZIP MIAMI FL 33193 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

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:  **4-21-03 (305) 471-7635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)