


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90074 002 \*\*\*150.00

0013197 MB

|                                      |   |
|--------------------------------------|---|
| <b>DOCUMENT #</b> P02000132343       |  |
| 1. Entity Name<br>V & M SECURITY INC |   |

|   |  |
|---|--|
| Principal Place of Business<br>9930 MARLIN RD<br>MIAMI FL 33157<br>US | Mailing Address<br>P.O. BOX 960053<br>MIAMI FL 33296<br>US |
|---|--|

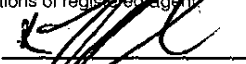
|  |                                 |
|--|---------------------------------|
| 2. Principal Place of Business<br>9930 Marlin Rd | 3. Mailing Address<br>707 E 95T |
| Suite, Apt. #, etc.                              | Suite, Apt. #, etc.             |

|                          |                            |                             |                               |
|--------------------------|----------------------------|-----------------------------|-------------------------------|
| City & State<br>Miami FL | City & State<br>Hialeah FL | 4. FEI Number<br>16-1644240 | Applied For<br>Not Applicable |
| Zip<br>33157             | Country<br>US              | Zip<br>332010               | Country<br>US                 |



☐ CHECK HERE IF MAKING CHANGES

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>MOLINA, VICTOR<br>9930 MARLIN RD<br>MIAMI FL 33157 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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    | DATE 7/25/03 |

|  |   |
|--|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MOLINA, VICTOR<br>P.O. BOX 960053<br>MIAMI FL 33296 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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)(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 REQUIRED | DATE 7/25/03 | DAYTIME PHONE # 786-586-5730 |
|--|--------------------|--------------|------------------------------|

CR2E034 (10/02)

Attachment#  
80135130

July 25, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

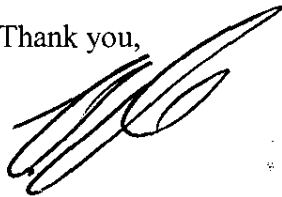
Re: P02000132343

Gentlemen:

In reference to the above-mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,



Victor Molina  
President  
707 East 9 Street  
Hialeah, FL 33010