

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007414

1. Entity Name

A CHRIS & MIKE SECURITY INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90104 004 ***150.00

Principal Place of Business

Mailing Address

5905 B PLUNKETT ST
HOLLYWOOD FL 33023
US

5905 B PLUNKETT ST
HOLLYWOOD FL 33023-2349
US

903797



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5915 PLUNKETT ST

3. Mailing Address

5915 PLUNKETT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0387611

Applied For

Not Applicable

Zip

Country

33023

BROWARD

Zip

Country

33023

BROWARD

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

BENSON, CHARLES
13741 NW 7 AVE
MAIMI FL 33168

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.

SIGNATURE

James F. Jones

(NOTE: Registered Agent signature required when reinstating)

01/14/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS JIMENEZ, RENE
CITY-ST-ZIP 700 SW 99 AVE
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS JIMENEZ, MAGDA
CITY-ST-ZIP 700 SW 99 AVE
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2000

Date

(954) 964-2503

Daytime Phone #

CR2E034 (9/99)