FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90146 022 ***150.00

DOCUMENT # pagnonogang1

Corporation Name	J02000 I			
UNIVERSAL SECURITY SYSTEMS,	INC.		,	
			C PRECIDENT THE CRIME SHIPS RESIDENT ROLL BRICK FIRE STREET	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Principal Place of Business	Mailing Address		3 1882 1885 169 12500 11611 80111 80111 80111 80110 11010 11011 10111 80	(16 (B18) 116) (B9)
7911 NW 72ND AVE	7911 NW 72ND AVE			
223-A	223-A		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166 US	MIAMI FL 33166 US		3. Date Incorporated or Qualifed	
	50		04/19/1993	
2. Principal Place of Business	2a. Mailing Address			Applied For
21	26		65-0403715	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		F Contiferto of Statue Desired	Additional
22	27		Fee F	Required
City & State	City & State		, - , , , , , , , , , , , , , , , , , ,	May Be to Fees
Zip Country	28	Country	Trust Fund Contribution Added 8. This corporation owes the current year Intangible	1 to Fees
h - ·		30	Personal Property Tax.	□No
24 25 9. Name and Address of Curre		30]	10. Name and Address of New Registered Agent	
		81 Name	Fonseca, Rene A	
FONSECA, RENE A		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
6629 NW 177 TERR		7911	ress (P.O. Box Number is Not Acceptable) NW 12nd Avenue Suit	e 223-A
MIAMI FL 33015 ->		83		
		84 City 1/	• 85 Zip	Code
		171		3166
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp thorized by the corporate	oration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment as it	ts registered registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	,,	
SIGNATURE	AIDTE	Registered Agent signature require	ed when reinstating) DATE	
Signature, typed or printed name of registered age 12. OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE P	☐ DELETE	1.1 TITLE	Change	Addition
NAME FONSECA, RENE A		1.2 NAME	onseca, lene A avenue suite	223-A
STREET ADDRESS 6629-NW-177-TERR		1.3 STREET ADDRESS	all NM 15 ug Aneur Sails	. 220 17
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	Mami, florida 33166	
TITLE	☐ DELETE	2.1 TITLE	Change	a Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		1
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETÉ	3.1 TITLE	Change	→ - Addition -
NAME		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	Charter	3.4. CITY-ST-ZIP	Change	Addition
TITLE	☐ DELETÉ	4.1 TITLE	Change	# LI Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY-SI-ZIP		I		
TITLE	∏ D¢LET¢	4.4 CITY-ST-ZIP	Change	e
	☐ DELETE	5.1 TITLE	☐ Change	e ☐ Addition
NAME.	☐ DELETE	5.1 TITLE 5.2 NAME	Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE	☐ Change	e

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 of inveloe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

THATURE:

NAME

STREET ADDRESS

D'NAME OF SIGNING OFFICER OR DIRECTOR

305-88910-50