

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90046 001 \*\*\*150.00

**DOCUMENT # P93000029091**

**1. Entity Name**  
**UNIVERSAL SECURITY SYSTEMS, INC.**



**Principal Place of Business**  
7911 NW 72ND AVE  
223-A  
MIAMI FL 33166  
US

**Mailing Address**  
7911 NW 72ND AVE  
223-A  
MIAMI FL 33166  
US

**2. Principal Place of Business**

12260 SW 53 ST  
Suite, Apt. #, etc.  
611

**3. Mailing Address**

12260 SW 53 ST  
Suite, Apt. #, etc.  
611

**City & State**  
Cooper City FL

**Zip** 33330 **Country** Broward

**City & State**  
Cooper City FL

**Zip** 33330 **Country** Broward

**4. FEI Number** 65-0403715

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

FONSECA, RENE A  
7911 NW 72ND AVE STE 22-A  
MIAMI FL 33166

**7. Name and Address of New Registered Agent**

**Name** FONSECA RENE A  
**Street Address (P.O. Box Number is Not Acceptable)** 12260 SW 53 ST  
**Suite:** 611  
**City** Cooper City **FL** **Zip Code** 33330

**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** RENE A. FONSECA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**PRESIDENT** 1/22/03

DATE

**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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	FONSECA, RENE A	
<b>STREET ADDRESS</b>	7911 NW 72ND AVE STE 223-A	
<b>CITY-ST-ZIP</b>	MIAMI FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FONSECA, RENE A.	
<b>STREET ADDRESS</b>	12260 SW 53 ST. #611	
<b>CITY-ST-ZIP</b>	COOPER CITY, FL 33330	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/22/03 (954) 680-5131  
Date Daytime Phone #

CR2E034 (10/02)