## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P93000033473** ECO SECURITY AGENCY, INC. 05-08-2000 90194 013 \*\*\*150.00 Mailing Address micipal Place of Business 11870 SW 3RD ST SW 3RD ST FL 33184 MIAMI FL 33135-0625 A0056670 Principal Place of Business 3. Mailing Address 1393 SW 12 5T \$103 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0415978 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 5AME CASTELLON, VICTOR M Street Address (P.O. Box Number is Not Acceptable) 11870 SW 3RD ST **MIAMI FL 33184** Zip Code FL The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 指揮 相談性 奇马克克马 第二氏核 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9.4 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ÊÍ. 12. CR2E034 (9/99) ☐ Change ☐ Addition ☐ Delete CASTELLON, VICTOR M. NAME 11870 S.W. 3RD STREET ADDRESS ..... ADDRESS CITY-ST-ZIP ST-ZIP MIAMI FL 33184 ☐ Change ☐ Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP -+ - Change \_ . Addition -Delete TITLE STREET ADDRESS ..... : ATHIRES ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME SIBOL ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS er er armani go CITY-ST-ZIP ST 7IP ☐ Change ☐ Addition Delete TITLE NAME SHOULD ADDRESS STREET ADDRESS CITY-ST-ZIP i3. 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 received 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.

Daytime Phone #