2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # **P94000002496** 1. Entity Name ... **BOAZ SECURITY, INC.** 05-07-2001 90052 049 ***150.00 Principal Place of Business Mailing Address 5600 SW 135TH AVE 5600 SW 135TH AVE 208 MIAMI FL 33183 MAIMI FL 33183-5180 US US 2. Principal Place of Business 3. Mailing Address 72 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0460015 Not Applicable \$8.75 Additional ountry 5. Certificate of Status Desired Fee Required ...-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name, RAMON GOMEZ Street Address (P.O. Box Number is Not Acceptable) 5600 SW 135TH AVE 202-A **MIAMI FL 33183** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) **PVST** ☐ Addition TITLE X Delete TITLE ANGEL, HUGO 34 NAME NAME 5600 SW 135TH AVE 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** TITI F Delete Change ☐ Addition ANGEL, HUGO SA NAME NAME 5600 SW 135TH AVE 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all powered.

SIGNATURE: