

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034430				<small>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OCT 16 AM 8:42</small>	
1. Entity Name ADELPHIA Monitoring Alarm Systems, Corp					
Principal Place of Business 13453 SW 62 Street # 1 Miami, FL 33183		Mailing Address 13453 SW 62 Street # 1 Miami, FL 33183			
2. Principal Place of Business 13453 SW 62 Street # 1 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 13453 SW 62 Street # 1 <small>Suite, Apt. #, etc.</small>			
City & State Miami, FL 33183		City & State Miami, FL 33183		4. FEI Number 65-0503283	
Zip 33183		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIO VELAZCO 13453 SW 62 Street # 1 Miami, FL 33165			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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] <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME MARIO VELAZCO STREET ADDRESS 13453 SW 62 Street # 1 CITY-ST-ZIP MIAMI, FL 33165			TITLE 000003440910-2 NAME -10/26/00--01083--023 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD NAME TERESA VELAZCO STREET ADDRESS 13453 SW 62 St # 1 CITY-ST-ZIP MIAMI, FL 33165			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, name or other like empowered.					
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-10-00 (305)223-1090 <small>Date Daytime Phone #</small>		