2000 UNIFORM BUSINESS REPORT (UBR) P94000037146 DOCUMENT # Aug 10, 2000 8:00 am Secretary of State 1. Entity Name WIDE SECURITY CONSULTANTS, CORP. 223 H.W. 27 and Minmi FL. 33/25
Principal Place of Business 08-10-2000 90005 038 \*\*\*150.00 2. Principal Place of Business
Suite, Apt. #, etc.

City & State Mailing Address 00077318 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0534822 Applied For City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENRY GOMEZ 13620 SN 82 and Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33158 Zip Code 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00\_May\_Be \_10.\_Election\_Campaign\_Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition PRESIDENT ☐ Change ☐ Delete DILE TITLE HENRY GOMEZ 223 N.W 27 ane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-7IP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete 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 changed, or on an attachment with an address, with all other like empowered 8/2/00 SIGNATURE: ESIGNING OFFICER OR DIRECTOR Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME O

Attachment#P9400037146



223 N. W. 27<sup>th</sup> Ave. Miami, FL. 33125

Phone: (305) 541-2229 Fax: (305) 541-5487 E-MAIL Address: Viper7355@aol.com

08/06/00

Dear Sir / Madam:

I never received the attached form and had to personally call for a form.

The representative whom I spoke to suggested that I write this explanation and forward with form.

Further please make note of new address in our letterhead.

Thank you for your kind attention to this matter.

Cordially,

**Henry Gomez**