

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041159

1. Entity Name

SECURITY MASTERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90087 022 ***150.00

Principal Place of Business

2125 NE 123RD ST.
N. MIAMI FL 33181
US

Mailing Address

2125 NE 123RD ST.
N. MIAMI FL 33181-2903

2. Principal Place of Business

1150 N.E. 125th ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL.

City & State

4. FEI Number

65-0507263

Applied For

Not Applicable

Zip
33161

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, RONALD C
2125 NE 123RD ST.
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, RONALD C
CITY-ST-ZIP 2125 NE 123RD ST.
N. MIAMI FL 33181

TITLE ☐ Delete
NAME D
STREET ADDRESS TEJEDOR, NANCY J
CITY-ST-ZIP 2125 NE 123 ST
N MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1150 N.E. 125th STREET
CITY-ST-ZIP NORTH MIAMI, FL. 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2K 305 893 7766
Date Daytime Phone #

CR2E034 (9/99)