FILED May 23, 2002 8:00 am Secretary of State

05-23-2002 90061 020 ***155.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085405 1. Entity Name

CONCORD PATROL & SECURITY, INC.

Principal Place of Business

7420 BISCAYNE BLVD. MIAMI FL 33138

Mailing Address 7420 BISCAYNE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

MIAMI FL 33138

2. Principal Place of Business Suite, Apt. #, etc.

FERRIER, YVES L

SIGNATURE

1321 SW 71ST AVE. N. LAUDERDALE FL 33068

(See criteria on back)

City & State

Zip Country 6. Name and Address of Current Registered Agent

City & State

Zip Country 4. FEI Number

65-0558404

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

Applied For

\$8.75 Additional

Fee Required

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition FERRIER, YVES L NAME NAME VVES K.FERRIER STREET ADDRESS 1321 SW 71ST AVE. STREET ADDRESS 3215W_ 71 TERRA CITY-ST-ZIP n. Lauderdale fl 33068 CITY-ST-ZIP TIT! F ☐ Delete TITLE NAME FERRIER. ANGELE NAME STREET ADDRESS 1321 SW 71ST AVE. STREET ADDRESS CITY-ST-ZIP N. LAUDERDALE FL 33068 CITY-ST-ZIP TITLE Delete -TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 filling closs hat 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

Daytime Phone #