

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006854

1. Entity Name

ALL FIRE & SECURITY SYSTEMS INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90131 020 ***158.75

Principal Place of Business

Mailing Address

~~885 NE 70 ST~~
~~MIAMI FL~~

~~885 NE 70 ST~~
~~MIAMI FL 33138 4740~~

A0019481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1821 S.W. 105 Ave

1821 S.W. 105 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie Florida

City & State

Davie Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33324

Country

Zip
33324

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEGEDUS, FRANK
885 NE 79 ST
MIAMI FL

Name

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

1821 S.W. 105 Ave

City

Davie

FL

Zip Code

33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HEGEDUS, FRANK	
STREET ADDRESS	885 NE 70 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	1821 S.W. 105 Ave	
CITY-ST-ZIP	Davie FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Hegedus Frank Hegedus 2/3/00 305-822-8322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #