

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/4/C

FILED

May 17, 2000 8:00 am  
Secretary of State

03-04-2000 90007 022 \*\*\*150.00

DOCUMENT # P95000026319

1. Entity Name  
ALARM SCREEN ENTERPRISES, INC.

Principal Place of Business Mailing Address  
ALARM SCREEN ENTERPRISES, INC.  
778-B HAROLD AVENUE  
WINTER PARK FL 32789  
US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3307374 Applied For Not Applicable

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

ALEQUIN, ALVIN  
768 B. HAROLD AVE.  
WINTER PARK FL 32789

Name MUNOZ, JUAN C  
Street Address (P.O. Box Number is Not Acceptable)  
778-B HAROLD AVE  
City WINTER PARK FL Zip Code 32789

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 *Juan C. Munoz* DATE March 24/00  
Signature, typed or printed name of registered agent and, if applicable, NOTE: Registered Agent signature required when reinstating

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MUNOZ, JUAN C 677 SILVERBIRCH PLACE LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUNOZ, Juan C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12703 Alapoma DR Orl FL 32837 PSD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALEQUIN, ALVIN 1806 DEANNA DRIVE APOPKA FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Juan C. Munoz* DATE Feb 15/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)