

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031002

1. Entity Name

ALARM SUPPLY, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90050 040 \*\*\*150.00

Principal Place of Business

3475 NW 115TH AVE.  
MIAMI FL 33178  
US

Mailing Address

3475 NW 115TH AVE.  
MIAMI FL 33178-1854  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0579097

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

GONZALEZ, JESUS  
14920 S.W. 145TH ST.  
MIAMI FL 33196

Name

JESUS GONZALEZ

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

3475 NW 115 AVE

City

MIAMI

FL

Zip Code

33178

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

4/13/00

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  
ST  
PEREZ, AUGUSTO  
STREET ADDRESS  
2786 N W 79TH AVENUE  
CITY-ST-ZIP  
MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
ST  
PEREZ, AUGUSTO  
STREET ADDRESS  
10415 SW 122 ST  
CITY-ST-ZIP  
MIAMI FL 33176 ☒ Change ☐ Addition

TITLE  
NAME  
P  
GONZALEZ, JESUS  
STREET ADDRESS  
14920 SW 145TH STREET  
CITY-ST-ZIP  
MIAMI FL 33196 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00

Daytime Phone #

3055942075

CR2E034 (9/99)