

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 046 ***150.00

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DOCUMENT # P95000034901

1. Entity Name
KEYSTONE GUARD SERVICES, INC.



Principal Place of Business
**8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166
US**

Mailing Address
**8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166
US**



2. Principal Place of Business

17625 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

17625 S. Dixie Hwy
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0614784

Applied For
Not Applicable

Zip
33152
Country
USA

Zip
33152
Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROLAND, JULIE
8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Roland Julie
Street Address (P.O. Box Number is Not Acceptable)
17625 S. Dixie Hwy
City
Miami FL Zip Code
33152

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Julio Roland** **Julie Roland** **4/30/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00-May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROLAND, JULIE
8600 NW 53RD TERRACE
MIAMI FL 33166 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Roland, Julie
17625 S. Dixie Hwy
Miami, FL 33152 ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Julio Roland** **Julie Roland** **4/30/03** **305-634-2595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)