

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92206 021 ***150.00

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DOCUMENT # P95000070794

1. Entity Name
SECURITY MANAGEMENT INFORMATION SYSTEMS, INC.



Principal Place of Business
**10660 NW 2ND CIRCLE
PEMBROKE PINES FL 33026**

Mailing Address
**1689 N HIOTUS RD STE 225
PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

1900 N UNIVERSITY DR

10660 NW 2 CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

PEMBROKE PINES

PEMBROKE PINES FL

Zip

Country

Zip

Country

33024

USA

33026

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YZER, ODALYS
10660 NW 2ND CIRCLE
PEMBROKE PINES FL 33026**

Name

YZER, ODALYS

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

1900 N UNIVERSITY DR.

SUITE 102

City

PEMBROKE PINES

FL

Zip Code

33024

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YZER, ODALYS	
STREET ADDRESS	10660 NW 2ND CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	YZER, RUDI	
STREET ADDRESS	10660 NW 2ND CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
YZER, ODALYS

4/22/03 (954) 433-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)