

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000084820

1. Entity Name
ALERT - 1 SECURITY SYSTEMS, INC.

Principal Place of Business 1937 WEST 76TH STREET HIALEAH FL 33014	Mailing Address 1937 WEST 76TH STREET HIALEAH FL 33014
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2. Principal Place of Business 2170 WEST 73TH STREET Suite, Apt. #, etc.	3. Mailing Address 2170 WEST 73TH STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HIALEAH FL	City & State HIALEAH FL	4. FEI Number 65-0631940	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33016	Country	Zip 33016	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE EDWIN G
 300 SW 167 AVE

 PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

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

 City **FL** Zip Code

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 _____ DATE **09/07/2001**

Signature, typed or printed name of registered agent and title 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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANALIO KEITH <input type="checkbox"/> Delete 19983 SW 3RD AVE PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE EDWIN G <input type="checkbox"/> Delete 300 SW 167 AVE PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANALIO KEITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19983 SW 3RD PLACE PEMBROKE PINES FL 33029
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: EDWIN G ROSE **PRES** **09/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)