2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90060 005 ***150.00

0114945

DOCUMENT # P95000090253

1. Entity Name
TOTAL ENTRY CONTROL SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~16148 NW 22 ST~~ PEMBROKE PINES FL ~~33028~~ US	~~16148 NW 22 STREET~~ PEMBROKE PINES FL ~~33028~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9000 WEST SHERIDAN ST	9000 WEST SHERIDAN ST
Suite, Apt. #, etc.: SUITE 175	Suite, Apt. #, etc.: SUITE 175
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33024 Country:	Zip: 33024 Country:

4. FEI Number 65-0626403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CANNON, TRACY~~
16148 NW 22 STREET
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name: Angulo, Tracy
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: [signature] DATE: 1/9/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGULO, JORGE 16148 NW 22 STREET PEMBROKE PINES FL 33028 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~CANNON, TRACY~~ 16148 NW 22 STREET PEMBROKE PINES FL 33028 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGULO, TRACY ☒ Change ☐ Addition
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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] Date: 1/9/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)