2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90127 044 ***150.00

U105584 AV

DOCUMENT # P95000090253

1. Entity Name
TOTAL ENTRY CONTROL SYSTEMS, INC.

Principal Place of Business
9000 WEST SHERIDAN STREET
STE 175
PEMBROKE PINES FL 33024
US

Mailing Address
9000 WEST SHERIDAN STREET
STE 175
PEMBROKE PINES FL 33024
US

90003807

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

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

ANGULO, TRACY
16148 NW 22 STREET
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name TOTAL ENTRY CONTROL SYSTEMS, INC
Street Address (P.O. Box Number is Not Acceptable) 9000 W SHERIDAN ST
SUITE 175
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] 1/13/03
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	P ANGULO, JORGE 16148 NW 22 STREET PEMBROKE PINES FL 33028	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGULO, TRACY 16148 NW 22 STREET PEMBROKE PINES FL 33028	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGULO, JORGE 9000 W SHERIDAN ST STE 175 PEMBROKE PINES, FL. 33024	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGULO, TRACY 9000 W SHERIDAN ST STE 175 PEMBROKE PINES, FL. 33024	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/02)

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] TRACY ANGULO RED 1/13/03 954-704-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #