

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011559

1. Entity Name

ONE STOP SECURITY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90173 032 ***150.00

Principal Place of Business

2810 EBONY PLACE
SEFFNER FL 33584

Mailing Address

2810 EBONY PLACE
SEFFNER FL 33584-5856

2. Principal Place of Business

4006 E. Hillsborough Ave.

3. Mailing Address

4006 E. Hillsborough Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip

33610

Country

USA

Zip

33610

Country

USA

4. FEI Number

59-3365402

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KHALED EL JAMAL
2810 EBONY PLACE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

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

4006 E. Hillsborough Ave.

City

Tampa

FL

Zip Code

33610

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

Khaled El Jamal

KHALED EL JAMAL

4/28/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	SAAD, YASIN	
STREET ADDRESS	2810 EBONY PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	DP	<input type="checkbox"/> Delete
NAME	EL JAMAL, KHALED M	
STREET ADDRESS	2810 EBONY PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4006 E. Hillsborough Ave.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 affidavit, with all other like empowered.

SIGNATURE:

Khaled El Jamal

KHALED EL JAMAL

4/28/00 (813) 624-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)