

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90012 049 \*\*\*150.00

00059710

DO NOT WRITE IN THIS SPACE

DOCUMENT # **96 000030001**  
1. Entity Name  
**McDERMOTT & ASSOCIATES SECURITY SERVICES, INC.**Principal Place of Business  
**7780 S.W. 117th Ave**  
**SUITE #201**  
**MIAMI, FL. 33183 US**  
Mailing Address  
**7935 S.W. 97 Terr.**  
**MIAMI FL. 33156**2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country4. FEI Number  
**65-0664621**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
**MICHAEL S. McDERMOTT**  
**7935 S.W. 97 Terr.**  
**MIAMI, FL. 33156**  
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  
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. ☐ **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 Fees11. OFFICERS AND DIRECTORS  
TITLE **Pres** **McDERMOTT, Mike** ☐ Delete  
NAME  
STREET ADDRESS **7935 S.W. 97 Terr.**  
CITY-ST-ZIP **MIA. FL. 33156**  
TITLE **V-Pres.** **McDERMOTT, NITZA** ☐ Delete  
NAME  
STREET ADDRESS **7935 S.W. 97 Terr.**  
CITY-ST-ZIP **MIAMI, FL. 33156**  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: **M. S. McDERMOTT** **5-15-00** **305-279-3418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)