

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90090 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000053203

1. Entity Name
ALL SECURITY SYSTEMS, INC.



Principal Place of Business
**780 N.W. LEJEUNE RD.
SUITE 516
MIAMI, FL 33126**

Mailing Address
**780 N.W. LEJEUNE RD.
SUITE 516
MIAMI, FL 33126**

90153254



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0806001

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIEDRA, AURELIO A CPA
780 N.W. LEJEUNE RD.
SUITE 516
MIAMI, FL 33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW! FEE IS \$100.00
After May 1, 2003 Fee will be \$250.00
Amended UBR 3-15-02
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
GIANNATTASIO, FRANCO
6901 NW 77TH AVE SUITE 102
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90153254

August 21, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT
P.O. Box 1500
Tallahassee, FL 32302-1500**

Reference: Document # P96000053203
Company: All Security Systems, Inc.

Dear Sir or Madam,


This letter is in reference to the UBR 2003 of the company **ALL SECURITY SYSTEMS, INC.**

We sent the payment for the UBR 2003 form in March 2003 up to this date your system as not been updated in regards to our company. (We are sending copy of check).

We spoke to an officer in your department and they advised to submit the UBR form again, with the copy of the submitted check a new check with \$ 150.00 fee and a letter explaining the situation.

Please see attach documents. If you need more information please don't hesitate in contact us.

Best regards,


Franco Giannattasio
Ph/Fax: 305-513-0049