

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 029 ***550.00

0131620 AT

DOCUMENT # P96000060236

1. Entity Name

SECURE STRUCTURES, INC.



Principal Place of Business

**3625 N COUNTRY CLUB DR
2010
AVENTURA FL 33180
US**

Mailing Address

**P O BOX 800351
AVENTURA FL 33280
US**



2. Principal Place of Business

3. Mailing Address

3625 N. COUNTRY CLUB DR.

Suite, Apt. #, etc.

2010

City & State

AVENTURA, FLA. 33180

Zip

33180

Country

U.S.A.

4. FEI Number **65-0680606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HINDMAN, SALLY

3625 N. COUNTRY CLUB DR., #2010

AVENTURA FL 33180

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

SIGNATURE **Sally Hindman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **HINDMAN, SALLY**
STREET ADDRESS **3625 N. COUNTRY CLUB DR., #2010**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **V** ☐ Delete
NAME **ADLER, MEL**
STREET ADDRESS **3625 N COUNTRY CLUB DR #2010**
CITY-ST-ZIP **AVENTURA FL 33180**

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

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Hindman

DATE

Daytime Phone #

7/17/03 305-931-7804

CF2E034 (4/03)