

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91502 026 ***150.00

DOCUMENT # P96000087444

1. Entity Name

D & L SECURITY CORP.

Principal Place of Business

**12954 SW 53 ST
 MIAMI FL 33175
 US**

Mailing Address

**12954 SW 53 ST
 MIAMI FL 33175
 US**

2. Principal Place of Business

12954 SW 53 ST
 Suite, Apt. #, etc.

3. Mailing Address

12954 SW 53 ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL
 Zip Country
33175 USA

City & State

MIAMI F
 Zip Country
33175 USA

4. FEI Number

65-0701765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LUIS, CARLOS A
 12954 SW 53 ST
 MIAMI FL 33175**

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

Carlos Luis

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, 2002 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 **DPS** ☐ Delete
 NAME **LUIS, CARLOS A**
 STREET ADDRESS **4300 SW 116 AVE.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **DPS** ☐ Change ☐ Addition
 NAME **LUIS CARLOS A.**
 STREET ADDRESS **12954 SW 53 ST**
 CITY-ST-ZIP **MIAMI, FL 33175**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Carlos Luis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

(305) 225-8079

Daytime Phone #

CR2E034 (9/01)