

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**  
 05-07-2000 90019 008 \*\*\*158.75

**DOCUMENT # P97000024072**

1. Entity Name

**INTERNATIONAL SECURITY EXPERTS SYSTEMS CORPORATI**

Principal Place of Business

Mailing Address

168 SE 1ST ST.  
 STE 604  
 MIAMI FL 33131  
 US

2121 PONCE DE LEON BLVD  
 STE 240  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0736541**

Applied For

Not Applicable

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

**PRATS, GABRIEL**  
**2121 PONCE DE LEON BLVD**  
**STE 240**  
**CORAL GABLES FL 33134**

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. ☐  
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	PD	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	BAYER, LUIZ E	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240				
		CORAL GABLES FL 33134					
<input type="checkbox"/> Delete	TD	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	BAYER, RUDI B	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240				
		CORAL GABLES FL 33134					
<input type="checkbox"/> Delete	SD	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	FERNANDEZ, FRANCISCO J	151 NAJORCA AVE	2121 PONCE DE LEON BLVD # 240				
		CORAL GABLES FL 33134					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:** *Rudi Bouret Bayer* **RUDI BOURET BAYER** 04/26/00 305 3584480  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)