2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000033858 DOCUMENT



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

1. Entity Nan INTER ISL	CURITY, INC.				03-21-2003 9	90087 009 **	*150.	00		
Principal Place 1393 SW 1ST 420-A MIAMI FL 331: US	35		Mailing Address P O BOX 350312 MIAMI FL 22100 0312 US							
2. Principal Place of Business			3. Walling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK, HERE.	F. MAKING_CHAI	NGES	<i>-</i> ·	
City & State			City & State		4.	65-07/6052		plied For at Applicable	}	
Zip		Country	Zip 3312-5	Country	5.	Certificate of Status Desired		5 Add equired	ditional d]
6. Name and Address of Current Registered Agent					7.	Name and Address of New R	egistered Agent			1
				Name			· 			1
AGUILAR, JERRY					ddress (P.O. E	• Box Number is Not Acceptable)			$\frac{1}{2}$
850 N MIA MIAMI FL	•				•				-	
				City			FL Zi	p Code		-
• The above	named antit	cubmits this stateme	nt for the purpose of changing its	registered office or	registered as	ant or both in the State of Flo		r with	and accept	+
	tions of regist		ne for the purpose of changing he	rogistered office of	Togistored ag	gent, or both, in the class of the	rida. Tarri rarima	*******	and accopt	
SIGNATURE	Signature, typed	or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signat	ure required when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										
Afte	r May 1, 200	3 Fee will be \$550	.00		ت.ود سودت	1				
Afte Make Chec	r May 1, 200	3 Fee will be \$550 Florida Departmei	.00 nt of State	11.	AI	Trust Fund Contribution	n.	Added	l to Fees	
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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:

3056318177