

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90033 042 \*\*\*150.00

DOCUMENT # P97000063933

1. Entity Name

CENTRAL SECURITY, INC.

Principal Place of Business

Mailing Address

2550 NW 72ND AVE SUITE 109 MIAMI FL 33122  
 2550 NW 72ND AVE SUITE 109 MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

8600 NW 53 TERRACE SUITE 200 MIAMI FL 33166  
 8600 NW 53 TERRACE SUITE 200 MIAMI FL 33166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

USA

33166

USA

4. FEI Number

1050862219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658459

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER D. ANTHONY  
 2550 NW 72ND AVENUE  
 SUITE 109  
 MIAMI FL 33122

Name

Street Address (P.O. Box Number is Not Acceptable)

8600 NW 53 TERRACE

SUITE 200

City

FL

Zip Code  
33166

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, 2001 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 PRESIDENT ALEXANDER ANTHONY  
 STREET ADDRESS 2550 NW 72 AVENUE, SUITE 109  
 CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS 8600 NW 53 TERRACE, SUITE 200  
 CITY-ST-ZIP MIAMI FL 33166

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/01 305/639-2595

CR2E034 (11/00)