FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91887 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90129328

DOCUMENT # P97000063933

1. Entity Name
CENTRAL SECURITY, INC.

Principal Place of Business
8600 NW 53RD TERRACE
SUITE 200
MIAMI, FL 33166

Mailing Address
8600 NW 53RD TERRACE
SUITE 200
MIAMI, FL 33166

2. Principal Place of Business: 1150 NW 72nd Ave
Suite, Apt #, etc.: Suite 750
City & State: Miami, FL
Zip: 33126 Country: USA

3. Mailing Address: 1150 NW 72nd Ave
Suite, Apt #, etc.: Suite 750
City & State: Miami FL
Zip: 33126 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0862219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANTHONY, ALEXANDER D
8600 NW 53RD TERRACE
SUITE 200
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name: Anthony, Alexander D
Street Address (P.O. Box Number is Not Acceptable): 1150 NW 72 Ave
Suite 750
City: Miami FL Zip Code: 33126

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: [signature] Alexander D. Anthony 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANTHONY, ALEXANDER 8600 NW 53RD TERRACE, STE 200 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anthony, Alexander D. 1150 NW 72nd Ave, Suite 750 Miami, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] Alexander D Anthony 4/30/03 305-436-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #