

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080800

1. Entity Name

B S A ALARMS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90302 035 ***150.00

Principal Place of Business

Mailing Address

15470 SW 82ND LN

15470 SW 82ND LN

APT 322

APT 322

FL 33193

MIAMI FL 33193-1251

2. Principal Place of Business

1620 SW 71ST AVE

3. Mailing Address

1620 SW 71 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0781717

Applied For

Not Applicable

Zip
33023

Country
USA

Zip
33023

Country
USA

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

ALONSO, SANTIAGO
15470 SW 82ND LN
APT 322
MIAMI FL 33193

Name
ALONSO SANTIAGO

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

1620 SW 71ST AVE

City
Pembroke Pines

FL

Zip Code
33023

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
P
ALONSO, SANTIAGO
15470 SW 82ND LN., #322
MIAMI FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALONSO SANTIAGO
1620 SW 71ST AVE
Pembroke Pines, FL 33023

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)