

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092004

1. Entity Name

EQUALIZER SECURITY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90009 038 ***558.75

Principal Place of Business

1784 W. FLAGLER #9
MIAMI FL 33135

Mailing Address

1784 W. FLAGLER #9
MIAMI FL 33155-1758

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

65-0808018

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

GUALLAR, GUSTAVO
1784 W. FLAGLER #9
MIAMI FL 33135

Name GUSTAVO GUALLAR

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

6850 CORAL WAY SUITE 505

City MIAMI

FL

Zip Code 33155

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.

GUSTAVO GUALLAR

(NOTE: Registered Agent signature required when reinstating)

6/20/2000

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 P ☒ Delete
NAME GUALLAR, GUSTAVO
STREET ADDRESS 1784 W. FLAGLER #9
CITY-ST-ZIP MIAMI FL 33135

TITLE P ☒ Change ☐ Addition
NAME GUSTAVO GUALLAR
STREET ADDRESS 6850 CORAL WAY SUITE 505
CITY-ST-ZIP MIAMI, FL 33155

TITLE V ☒ Delete
NAME GONZALEZ, ELIZABETH
STREET ADDRESS 1784 W. FLAGLER #9
CITY-ST-ZIP MIAMI FL 33135

TITLE V ☒ Change ☐ Addition
NAME ELIZABETH GONZALEZ
STREET ADDRESS 6850 CORAL WAY SUITE 505
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

GUSTAVO GUALLAR

Date

Daytime Phone #

6/20/2000