2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
03-12-2002 90027 044 ***150.00

014002 AV

DOCUMENT # **P98000001491**

1. Entity Name
DOBER SECURITY SERVICE, INC.

Principal Place of Business	Mailing Address
~~898 WEST 39TH PLACE~~	~~898 WEST 39TH PLACE~~
~~HIALEAH FL 33012~~	~~HIALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
801 West 49th Street		16255 N.W. 78th Court	
Suite, Apt. #, etc. Suite # 224		Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Miami Lakes, Florida	
Zip 33012	Country USA	Zip 33016	Country USA

4. FEI Number **65-0813288** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, DOMINGO
~~898 WEST 39TH PLACE~~
~~HIALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 16255 N.W. 78th Court
City Miami Lakes **FL** Zip Code 33016

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, 2002 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	PSD FLORES, DOMINGO ~~898 WEST 39TH PLACE~~ ~~HIALEAH FL 33012~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 16255 N.W. 78th Court Miami Lakes, FL. 33016	☒ Change ☐ Addition
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CR2E034 (9/01)

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: X Domingo Flores DOMINGO FLORES X (305) 505-3693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #