

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006547

1. Entity Name

BEST TECHNOLOGIES SECURITY, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90091 038 ***150.00

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD., STE. 920
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD., STE. 920
CORAL GABLES FL 33134-5218

C0041613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 Alhambra Circle

3. Mailing Address

201 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 502.

Suite 502

City & State
Coral Gables, FL

City & State
Coral Gables FL

4. FEI Number 65-0817178

Applied For

Not Applicable

Zip 33134 Country USA

Zip 33131 Country

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

ARVESU, MANUEL M

2121 PONCE DE LEON BLVD., STE. 920
CORAL GABLES FL 33134

Name Arvesu, Manuel M

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

Suite - 502

City Coral Gables FL Zip Code 33134

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)

2/22/00

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 D
NAME NINO, TULIO
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE. 920
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 Alhambra Circle, Ste 502
CITY-ST-ZIP Coral Gables FL 33134

TITLE
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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 #

2-22-00

305-442-2558