2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000012420 May 09, 2000 8:00 am **Secretary of State** COUNTRY CLUB OF MIAMI ESTATES SECURITY, INC. 05-09-2000 90009 012 ***150.00 Principal Place of Business Mailing Address 6751 GUY DEL RUSSO PARKWAY 6751 GUY DEL RUSSO PARKWAY HIALEAH FL 33015 HIALEAH FL 33015-2350 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0828890 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DUMAS, GARY** 6751 GUY DEL RUSSO PARKWAY HIALEAH FL 33015 nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e SIGNATURE ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITI F TITLE DIAZ, JUAN C NAME STREET ADDRESS STREET ADDRESS 6751 GUY DEL RUSSO PARKWAY CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PACEY, LARRY NAME NAME STREET ADDRESS 6751 GUY DEL RUSSO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 Change Delete TITLE TITLE NAME **DUMAS, GARY** NAME STREET ADDRESS 6751 GUY DEL RUSSO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 explowered 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR