2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000034191 DOCUMENT

1. Entity Name A1A SECURITY INTERNATIONAL INC.



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90951 001 ***150.00

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Principal Place of Business 600 BRICKELL AVE #301F/C MIAMI FL 33131 US		600 BRICKELL / #301F/C	MIAMI FL 33131		 			
2. Principal Place of Business			3. Mailing Address			018, 1811, 8811 8811 8811 8811 88 11		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number	5-0835575		pplied For ot Applicable
Zip Country		Zip	Zip Country		5. Certificate of Sta	5. Certificate of Status Desired S8.75 Additiona		ditional
	6. Name and Address of Curr	ent Registered Agent			7. Name and Addre	ess of New Registered		-
				Name				
CVERVO, EDUARDO — 600 BRICKELL AVE			- ·	Street Address (P.O. Box Number is Not Acceptable)				
#301F/C				.,		*		
MIAMI FL 33131				City		FL	Zip Cod	e
8. The above n the obligatio	amed entity submits this statements of registered agent.	nt for the purpose of char	nging its registere	ed office or registere	ed agent, or both, in th	e State of Florida. I am	familiar with,	and accept
SIGNATURE	gnature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Campaign Financing d Contribution.		O May Be I to Fees
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS	D CVERVO, EDUARDO 600 BRICKELL AVE MIAMI FL 33131	□ Dek	NAME STREE	i			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Dele	NAME STREE	1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المهاي الأرباء المتحمضية التان	☐ Dele	NAME STREE			. 💆	☐ Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		□ Dele	NAME STREE				Change	Addition
ITLE HAME TREET ADDRESS HTY-ST-ZIP		∵ □ Dele	NAME STREE				☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	ify that the information supplied w	Dele	NAME STREE	T ADDRESS ST-ZIP			☐ Change	Addition

I nereoy 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: