

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/8/

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90105 006 \*\*\*150.00  
 08-22-2000 90004 025 \*\*\*400.00

**DOCUMENT # P98000047226**

1. Entity Name  
**SECURITY DEALERS NETWORK, INC.**

Principal Place of Business      Mailing Address  
 18761 W. DIXIE HIGHWAY      P.O. BOX 1120  
 # 222      HALLANDALE FL 33008-1120  
 AVENTURA FL 33180

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 **1037539**      Applied For  
**65-1037539**      Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CLIFFORD, T.J.**  
**18761 W. DIXIE HWY., #222**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code



DO NOT WRITE IN THIS SPACE

If 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

8. This Corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State

9. 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	<b>PD ROSS, ROBERT 18761 W. DIXIE HWY, # 222 AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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, trustee and/or agent hereof; that I have read the report or supplement thereto and the report or supplement thereto is true and accurate; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other information.

SIGNATURE: *[Signature]*      Date **6/20/00**      Original Phone # **786-367-0017**

*[Signature]*      V. Pres.      9/14/00

CR2E034 (9/99)