

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
 03-22-2002 90059 018 ***150.00

DOCUMENT # P98000057349

1. Entity Name
PIJUAN VIDEO SECURITY INC.

Principal Place of Business

Mailing Address

~~8567 CORAL WAY~~
~~PMB 354~~
~~MIAMI FL 33155~~

~~8567 CORAL WAY~~
~~PMB 354~~
~~MIAMI FL 33155~~

2. Principal Place of Business

2699 COLLINS AVE

3. Mailing Address

2699 COLLINS AVE

Suite, Apt. #, etc.

158

Suite, Apt. #, etc.

158

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

Zip

33140

Country

DADE

Zip

33140

Country

DADE

6. Name and Address of Current Registered Agent

PIJUAN, JOAQUIN 2699 COLLINS AVE
PMB 354 SUITE 158
MIAMI FL 33155 MIAMI BEACH, FL.
33140

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Joaquin Pijuan

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

TITLE **PST** ☐ Delete
NAME **PIJUAN, JOAQUIN**
STREET ADDRESS ~~**PMB 354**~~
CITY-ST-ZIP ~~**MIAMI FL 33155**~~

TITLE **D** ☐ Delete
NAME **PIJUAN, JUAQUIN**
STREET ADDRESS ~~**PMB 354**~~
CITY-ST-ZIP ~~**MIAMI FL 33155**~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Joaquin Pijuan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02 305-962-5767

Date

Daytime Phone #

CR2E034 (9/01)