2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060523

SECURITY CONTROL CORP.

Principal Place of Business

Mailing Address

10458 N.W. 130 STREET HIALEAH GARDENS FL 33018 10458 N.W. 130 STREET

HIALEAH GARDENS FL 33018-1127

Apr 14, 2000 8:00 am Secretary of State 04-14-2000 90013 043 ***150.00



	3. Mailing Address Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE								
etc.												
				4. FEI Number 65-0851940						pplied For lot Applicable		
Country Zip			Country						8.75 Additional ee Required			
6. Name and	Address of Current I	Registered Agent			7. Name	and Ad	dress of	New Reg	istered A	\gent		
		<u> </u>		Name _	=					-		
MARTINEZ, JOSE' 750 ORIOLE AVE MIAMI SPRINGS FL 33166					Street Address (P.O. Box Number is Not Acceptable)							
			ļ	City					FL	Zip Cod	de et	
amed entity su	bmits this statement for	the purpose of changing its	registere	d office or registere	ed agent, o	r both, in	the State	of Florid	ia.	-		
gnature, typed or pr	nted name of registered agent a	nd title if applicable (NOTE	: Registered	Agent signature required	wier reinstikin	77 7	N'		DATE			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 20 Make Check Payab				will be \$550:00		Trust F	und Cont	ribution.		Adde	00 May Be ed to Fees	
	OFFICERS AND I	DIRECTORS	12.		ADDITIO	NS/CH	ANGES T	O OFFICI	ERS AND	DIRECTOR	RS IN 11	
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ST Delete SANCHEZ, PAULA E 10458 N.W. 130 STREET			NAME STREE	ET ADDRESS		.		,		☐ Change	Addition	
	,	Delete .	NAME STREE	ET ADDRESS	manus que en 1 ° h cu		·	» л ен	g ag Mala Agastran,	Change	☐ Addition	
☐ Delete		NAME STREE	ET ADDRESS			-	☐ Change ☐ Addition					
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	MEZ, JOSE' RIOLE AVE SPRINGS FL amed entity sul gnature, typed or pri ation is eligible quirement and on back) PV SANCHEZ, LJ 10458 N.W. 1 HIALEAH GAI ST SANCHEZ, P. 10458 N.W. 1	Country 6. Name and Address of Current F NEZ, JOSE' RIOLE AVE SPRINGS FL 33166 amed entity submits this statement for gnature, typed or printed name of registered agent at attion is eligible to satisfy its Intangible quirement and elects to do so, on back) OFFICERS AND I PV SANCHEZ, LAZARO O 10458 N.W. 130 STREET HIALEAH GARDENS FL 33018 ST SANCHEZ, PAULA E 10458 N.W. 130 STREET HIALEAH GARDENS FL 33018	City & State Country Zip 6. Name and Address of Current Registered Agent NEZ, JOSE' RIOLE AVE SPRINGS FL 33166 amed entity submits this statement for the purpose of changing its gnature, typed or printed name of registered agent and title if applicable (NOTE ation is eligible to satisfy its intangible quirement and elects to do so. on back) OFFICERS AND DIRECTORS PV SANCHEZ, LAZARO O 10458 N.W. 130 STREET HIALEAH GARDENS FL 33018 ST	City & State Country	City & State Country	City & State Country Zip Country Zip Country 5. Certifi 6. Name and Address of Current Registered Agent NEZ, JOSE' RIOLE AVE SPRINGS FL 33166 City Street Address (P.O. Box No. 1) City amed entity submits this statement for the purpose of changing its registered office or registered agent, or after MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS PV SANCHEZ, LAZARO 0 10458 N.W. 130 STREET IHALEAH GARDENS FL 33018 ST SANCHEZ, PAULA E 10458 N.W. 130 STREET 10458	Country Country Country Country Country Country Country 5. Certificate of S Name NEZ, JOSE RIOLE AVE SPRINGS FL 33166 City City Street Address (P.O. Box Number is City FEE Is \$150.00 Make Check Payable to Department of State ADDITIONS/CH Trust F Make City-St-2ip City-St-2	City & State Country Country Country Country Country Country 5. Certificate of Status Des ROEZ, JOSE ROLE AVE SPRINGS FL 33166 City Street Address (P.O. Box Number is Not Accessory City City City City City City Street Address (P.O. Box Number is Not Accessory City City	City & State Country Country	Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEZ, JOSE' RIOLE AVE SPRINGS FL 33166 City FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. The purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered Agent signature accuracy of the purpose of changing its registered agent, or both, in the State of Fiorida. FILE NOW!!! FEE IS \$150.00 / After MAY 1, 2000 Fee will be \$550.00 / After MAY 1, 2000 Fee will be \$550.00 / After MAY 1, 2000 Fee will be \$550.00 / After MAY 1, 2000 Fee will be \$550.00 / After MAY 1, 2000 Fee will	Country Zip Country 5. Certificate of Status Desired S8.75 As As Rep Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEZ, JOSE' RIOLE AVE SPRINGS FL 33166 City FL Zip Cox City FL Zip Cox City FL Zip Cox Atternative syed or greed reams of registered departs of the 1 applicable (NoTE; Registered Agent) with submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Street Address (P.O. Box Number is Not Acceptable) FL Zip Cox amed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. Street Address (P.O. 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changed, or on an attachment with an address, with all other ke empowered

SIGNATURE: