

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060523

1. Entity Name:

SECURITY CONTROL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10458 NW 130 St

Suite, Apt. #, etc.

3. Mailing Address

10458 NW 130 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah Gardens,

City & State

Hialeah Gardens

4. FEI Number

65-0851940

Applied For

Not Applicable

Zip

33018

Country

Miami Dade

Zip

33018

Country

Miami Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sanchez, Lazaro

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

10458 NW 130 Street

City

Hialeah Gardens

FL

Zip Code
33018

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PV
Sanchez, Lazaro
10458 NW 130 Street
Hialeah, Florida 33018

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
Sanchez, Paula E
10458 NW 130 Street
Hialeah Gardens, FL 33018

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)