



FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P98000084306																																																																																																																																			
1. Entity Name TRONEX INTERNATIONAL SECURITY OF SOUTH FLORIDA, INC.																																																																																																																																			
Principal Place of Business 9590 N.W. 40TH ST ROAD MIAMI, FL 33178			Mailing Address 9590 N.W. 40TH ST ROAD MIAMI, FL 33178																																																																																																																																
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 65-0875441			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																																
6. Name and Address of Current Registered Agent TRAGER, ROSS CPA 1000 N. MIAMI ROAD., #110 PEMBROKE PINES, FL 33026			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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when replacing)</small> DATE _____																																																																																																																																			
<div>FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</div> <div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div>																																																																																																																																			
<table border="1"><thead><tr><th colspan="3">10. OFFICERS AND DIRECTORS</th><th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>FLETCHER, GEORGE</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>9590 NW. 40TH ST RD</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33178</td><td></td><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>ROBINSON, CRAIG</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>9590 NW 40TH ST RD</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33178</td><td></td><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FLETCHER, GEORGE		NAME			STREET ADDRESS	9590 NW. 40TH ST RD		STREET ADDRESS			CITY- ST- ZIP	MIAMI, FL 33178		CITY- ST- ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ROBINSON, CRAIG		NAME			STREET ADDRESS	9590 NW 40TH ST RD		STREET ADDRESS			CITY- ST- ZIP	MIAMI, FL 33178		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																			
SIGNATURE:  AUG-12-03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			

CR2E034 (10/02)

Attachment #

80138422
p98000084306

August 12, 2003

Department of State
Division of Corporations
409 E Gain St
Tallahassee FL 32314

Ref: Tronex International Security of South Florida Renewal

To whom it may concern

Attached is a cheque in the amount of \$150.00 to cover renewal for abovementioned Corporation.
For inexplicable reason, we were not in receipt of any forms for renewal and would appreciate in advance your waiving the penalty fee for late renewal.

Please ensure that future renewals or related forms are forwarded to our Agent:

Ross Trager
1000 N. Hiatus Rd #110
Pembroke Pines, FL 33026

Sincerely,



Craig Robinson

Cc: Ross Trager

REG 65-0875441
TEL 8 305 629-1140