

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017011

1. Entity Name

TOP SECURITY INTERNATIONAL, INC.

FILED**May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90104 015 ***150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
PENTHOUSE SUITE 1000
MIAMI FL 33131444 BRICKELL AVENUE
PENTHOUSE SUITE 1000
MIAMI FL 33131-2442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 BRICKELL AVE

800 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1115

SUITE 1115

City & State
MIAMI FLCity & State
MIAMI FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OPPENHEIM, STEVEN P ESQ.
444 BRICKELL AVENUE
PENTHOUSE SUITE 1000
MIAMI FL 33131

Name

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

800 BRICKELL AVE
SUITE 1115

City

MIAMI FL

FL

Zip 33131

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

4/26/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUNO PADELLETTI
PRESIDENT 4/26/00 305-371-8555

CR2E034 (9/99)