2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017630

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90017 001 ***150.00

1. Entity Name

SECURITY & FIRE SYSTEMS, INC.

Principal Place of Business	Mailing Address
12283 SOUTHWEST 129TH COURT MIAMI FL 33186	12283 SOUTHWEST 129TH COURT MIAMI FL 33186-6435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 13016. S.W 128 ST	Suite, Apt. #, etc. 13016. S.W 128 ST
City & State MIAMI FL	City & State MIAMI. FL.
Zip 33186 Country US	Zip 33186 Country US

4. FEI Number 65-0899951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name GEORGE. A. MILIAN
Street Address (P.O. Box Number is Not Acceptable) 13016. S.W 128 ST
City MIAMI FL Zip Code 33186

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD NAME MILIAN, GEORGE A STREET ADDRESS 12283 SOUTHWEST 129TH COURT CITY-ST-ZIP MIAMI FL 33186	☐ Delete	TITLE PSD. NAME MILIAN GEORGE A. STREET ADDRESS 13016. S.W 128 ST CITY-ST-ZIP MIAMI FL 33186.	☒ Change ☐ Addition
TITLE VTD NAME MILIAN, MARCIA M STREET ADDRESS 12283 SOUTHWEST 129TH COURT CITY-ST-ZIP MIAMI FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 2/3/00 (305) 971-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #