

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90200 046 \*\*\*150.00

**DOCUMENT # P99000024533**

**1. Entity Name**  
**TOP SECURITY SYSTEMS, INC.**



**Principal Place of Business**  
**5373 S.W. 131 TERRACE**  
**MIAMI FL 33027**

**Mailing Address**  
**PO BOX 278526**  
**MIRAMAR FL 33027**



**2. Principal Place of Business**  
**11300 SW 13 STREET**  
**Suite, Apt. #, etc.**  
**102**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**  
**PEMBROKE PINES, FL.**

**City & State**

**Zip**  
**33025** **Country**  
**USA**

**Zip** **Country**

**4. FEI Number** **65-0908052**

**Applied For**  
**Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**ZULOAGA, HENRY**  
**5373 S.W. 131 TERRACE**  
**MIAMI FL 33027**

**7. Name and Address of New Registered Agent**

**Name** **ZULOAGA HENRY**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11300 S.W. 13 STREET**  
**APT. 102**  
**City** **PEMBROKE PINES FL** **Zip Code** **33025**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ZULOAGA, HENRY</b>	
<b>STREET ADDRESS</b>	<b>5373 SW 131 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIRAMAR FL 33027</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ZALOAGA, ANA</b>	
<b>STREET ADDRESS</b>	<b>5373 SW 131 TERR</b>	
<b>CITY-ST-ZIP</b>	<b>MIRAMAR FL 33027</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>TORO, RAPHAEL</b>	
<b>STREET ADDRESS</b>	<b>CATALINA ST 2922</b>	
<b>CITY-ST-ZIP</b>	<b>COCONUT GROVE FL 33133</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>ZULOAGA, HENRY</b>	
<b>STREET ADDRESS</b>	<b>11300 SW 13 STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES FL 33025</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>ZULOAGA, ANA</b>	
<b>STREET ADDRESS</b>	<b>11300 SW 13 STREET</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES FL 33025</b>	
<b>TITLE</b>	<b>D. TORO, RAFAEL</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>CATALINA ST 2922</b>	
<b>STREET ADDRESS</b>	<b>COCONUT GROVE FL 33133</b>	
<b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 or without other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03** **305-6480862**  
Date Daytime Phone #

CR2E034 (10/02)