

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000028914**

1. Entity Name

RESPONSIBLE SECURITY, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90475 032 ***150.00

639869

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 2531 NORTHWEST 47TH AVENUE LAUDERHILL FL 33313 | Mailing Address 2531 NORTHWEST 47TH AVENUE LAUDERHILL FL 33313 |
| 2. Principal Place of Business 4032 S.W. 52nd ST. | 3. Mailing Address 4032 S.W. 52nd ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| City & State Ft. Lauderdale FL, | City & State Ft. Lauderdale FL, |
| Zip 33314 | Zip 33314 |
| Country | Country |

| | |
|---|--|
| 4. FEI Number 65-0907865 | 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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | |
| 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.

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD CYRUS, RESTO 2531 NORTHWEST 47TH AVENUE LAUDERHILL FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4032 S.W. 52nd Street Ft. Lauderdale FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Resto Cyrus RESTO CYRUS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-01 (954)253-8106

Date

Daytime Phone #

CR2E034 (10/00)