

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90016 009 ***150.00

DOCUMENT # P99000033300

1. Entity Name

CORPORATION SECURITY INTERNATIONAL, INC.

Principal Place of Business
 6908 N.W. 51ST
 MIAMI FL 33166

Mailing Address
 6908 N.W. 51 ST
 MIAMI FL 33166

2. Principal Place of Business
 8065 WEST 26 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 19150 S.W. 29 COURT
 Suite, Apt. #, etc.

City & State
 HIALEAH FLORIDA
 Zip
 33016

City & State
 MIRAMAR FLORIDA
 Zip
 33029

4. FEI Number
 65-0943477

Applied For
 Not Applicable

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

A004992
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORLANDO NOGUERA SALCEDO
 6908 N.W. 51 ST
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) 19150 SW 29 COURT
 City MIRAMAR FL Zip Code 33029

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

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

03-29-01
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T ORLANDO NOGUERA SALCEDO 6908 NW 51 ST MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19150 SW 29 COURT MIRAMAR FL 33029
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"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* *PRESIDENT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-01 *305-5925584*
Date Daytime Phone #