## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000033953 1. Entity Name

HERRERA SECURITY, INC.

Principal Place of Business 2853 NW 7Street MIAMI, FL. 33025 Mailing Address

: 2853 NW 7 Street MIAMI, FL. 33025

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65 - 09/3895	Applied For Not Applicable	
Zip	Country	Zip	Country	-5Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
BRYANT FILOMENO 12595 NE 7 th Avenue MIami, FL. 33161			Name	Name .		
			Street Ac	Street Address (P.Q. Box Number is Not Acceptable)		
	•		City		FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing it	ts registered office or	registered agent, or both, in the State of Floric	la.	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NC	DTE: Registered Agent signatur	re required when reinstating)	DATE	
Tax filing re	ration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 2	V!!! FEE IS \$150.0 2000 Fee will be \$5 able to Department	50.00 The Election Campaign Final	scing \$5.00 May Be Added to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	/ ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	JOSE MARTINEZ 12595 NW 7 Aver MIAMI, FL. 33		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	AÞELA SMITH 1976 NW 24 Côurt MIAMI, FL. 33125	☐ Change <b>[X</b> 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 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME	•	☐ Delete	TITLE NAME		Change Addition	

STREET ADDRESS

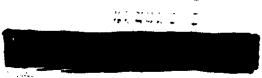
STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

Apr 16, 2001 8:00 am Secretary of State

04-16-2001 90271 021 \*\*\*150.00



CR2E034 (9/99)

13. Thereby 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 trusted 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 access, with all physicists empowered.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/02/01

Daytime Phone #

☐ Change

Addition