

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034285

1. Entity Name

SAFEGUARD SECURITY CENTER, INC.

APPROVED
AND
FILED

00 AUG 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16 NE 4TH STREET
FT LAUDERDALE FL 33301

Mailing Address

16 NE 4TH STREET
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

Name

EUNICE IGLESIAS

Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 850 16 NE 4th Street

City

FT. LAUDERDALE

FL

Zip Code

33302

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-00

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 \$550.00

AFTER SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IGLESIAS, EUNICE
16 NE 4TH ST
FT LAUDERDALE FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003384596--1

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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-09/07/00--010101
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Eunice Iglesias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

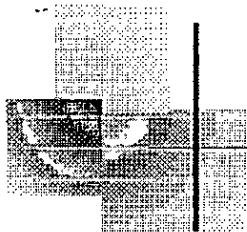
7-12-00

Date

Daytime Phone #

CR2E034 (5/00)

2 of 2



SAFEGUARD SECURITY CENTER, INC

16 Northeast Fourth Street

Phone 954 - 463 - 6549

Fax: 954 - 463 - 2127

July 10, 2000

Dear Sirs,

This pertain to a recent letter in regards to my Corporation. I received a second notice on my filling I use a Registered Agent to do my filling and mail them a check on 2-22-00 for them to renew my filling and I am now trying to received my money back from them I called your office and confirmed that the State has not received moneys sent for my filling please find in close a check for my filling and a copy of a canceled check that was intended to pay my filling. Please if you have any other information you need from me to resolve this matter please feel free to call me at 954-463-6549.

Thank you for your understanding

Eunice R Iglesias