

2000 UNIFORM BUSINESS REPORT (UBR)

1.52

APPROVED
AND
FILED

DOCUMENT # **P99000034285**

1. Entity Name
SAFEGUARD SECURITY CENTER, INC.

00 AUG 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
16 NE 4TH STREET 16 NE 4TH STREET
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 850
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale FL 4. FEI Number 65-1032045 Applied For Not Applicable

Zip 33302 Country BROWARD 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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* DATE **7-12-00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D IGLESIAS, EUNICE 16 NE 4TH ST FT LAUDERDALE FL 33301
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

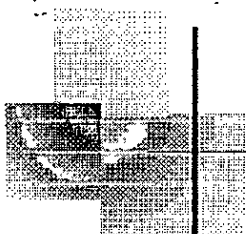
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003384596--1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition -09/07/00--0100 Change 010 ****150.00 ****150.00
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
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: *Eunice Iglesias* **SIGNATURE REQUIRED** DATE **7-12-00** DAYTIME PHONE # **9744636549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 pertains 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 receive 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