

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90005 004 ***150.00

DOCUMENT # P99000041332

1. Entity Name

CINE SECURITY COMPANY

Principal Place of Business

1318 SOUTHEAST 2ND AVENUE
 FORT LAUDERDALE FL 33316

Mailing Address

1318 SOUTHEAST 2ND AVENUE
 FORT LAUDERDALE FL 33316-1810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

501 NE 8 Street

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

USA

Zip

Country

4. FEI Number

65-0918176

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

FEINER, ROD A

1318 SOUTHEAST 2ND AVENUE 501 NE 8 Street
FORT LAUDERDALE FL 33316 Ft. Lauderdale, FL
33304

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **D** ☒ Delete
 NAME **FEINER, ROD A**
 STREET ADDRESS **1318 SOUTHEAST 2ND AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **P/D William Dale Adams**
 STREET ADDRESS **2735 NW 86 WAY**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Change ☒ Addition
 NAME **T/D David W. Shomers**
 STREET ADDRESS **4240 NW 36 Way**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33309**

TITLE ☐ Change ☒ Addition
 NAME **S/D John Boisseau**
 STREET ADDRESS **3200 W. Oakland Park Blvd.**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33311**

TITLE ☐ Change ☒ Addition
 NAME **VP/D Vincent Maiello**
 STREET ADDRESS **123 Deer Creek Blvd. #204**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

DAVID W. SHOMERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)