2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900046915 1. Entity Name AIRWAVES SECURITY, INC. Principal Place of Business Mailing Address							FILED 00 JUN 26 PM 12: 27													
											1419 UNIVERSITY DRIVE 2419 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-5123							ŠECARTA GOJALOGO	KY OF STATE SEED PLORIDA	\$150.C
												RIVER	ness. SMDE DRIVE	3. Malling Address 1300 N. RIVERSIDE DR.			2,			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	}			, DO NOT WE	RITE IN THIS SPACE	_											
City & State	O BE	RCH, FL.	City & State POMPANO BEALH, FL.				FEI Number	No.	oplied For of Applicable											
3306		BROWARD_	33062	BRO	try WARL		Certificate of Status Desired	- Co Fiedono												
	6. Name	and Address of Current	Registered Agent		Name	_	Name and Address of New													
\mathcal{N}^{0}						ddress (P.O.	Box Number is Not Acceptate	ole)												
		SS FL 33065			1300 N. RIVERSIDE OR.															
					City	MPAN	UO BEACH,	FL 4930	°62											
	MORK	y submits this statement for the statement of the stateme	ASLOW	Ž	ema	registered a	gent, or both, in the State of I	Florida	<u> </u>											
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to						50.00	10. Election Campaign 8 Trust Fund Contribut		May Be											
11.		OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO O		S IN 11											
TITLE	PD		Delete	TITLE				Change	Addition 3											
NAME Street adoress City-st-zip	2419 UN	N, Norman S Iversity Drive Springs FL 33065	÷	STRE	e et address : -st-zip		N. RIVERSIDE MUO BEACH, FL,		Addition S											
TITLE	VD	FRINGS FE GOOD	☐ Detete	THTLE				Change	· 🔲 Addition											
NAME STREET ADDRESS	FEFER, (2419 UN	IVERSITY DRIVE			e et address -st-zip		N. RIVERSIDE													
CITY-ST-ZIP Title	CORAL	SPRINGS FL 33065	☐ Delete	TITLE	:	POMP	PANO BEACH, F	☐ Change	Addition											
NAME Street address City-St-Zip				STRE	ET ADDRESS -St-Zip															
TITLE NAME			☐ Defete	TITLE		<u></u>		☐ Change	Addition											
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title Name			☐ Delete	TITLE	E			Change	☐ Addition											
STREET ADORESS CITY-ST-ZIP	:	_	·	CITY	ET ADDRESS - ST- ZIP															
indicated of the cor	on this reporporation or to or on an att	rt or supplemental report is he receiver or trustee empo	s true and accurate and that owered to execute this repo with all other like empowers	at my signat ort as requir ed.	red by Cha	ave the sam	n 119.07(3)(I), Florida Statute e legal effect as if made unde orida Statutes; and that my na	er nam: mai i am an onice	Block 12 if											
		BIOLITHUS AND TYPED OR O	THUTER ALL DE OR BIGHING OFFICE	ED OR DIRECT	'AB		Date	Daytime Phone #	1											