## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9900064173 1. Entity Name SECURITY EXPORT, INC. Principal Place of Business Mailing Address 10421 NW 28 STREET 301-174 ST WINSTON TOWER 500



**FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90079 025 \*\*\*150.00

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☐ CHECK HERE IF MAKING CI	HANGES					
FEI Number <b>65-0945149</b>	Applied For Not Applicable					
Certificate of Status Desired   \$8.75 Additional Fee Required						
Name and Address of New Registered Age	ent					
		-				
Box Number is Not Acceptable)						
FL	Zip Code					
gent, or both, in the State of Florida. I am fam	iliar with, and accept					
reinstating) DATE						
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees					
DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	_				
shta, Said,	Change Addition	CO/01/ PEDECE				
14 ST Winston lower VIsles Beach FL 331	•	FOR				
		CH				
14 ST Winston Tower y Isles Beach FL 33	160					
	Change					
Imeria Ave ste 330		_				
Isles Beach F1 33	160					

SUITE 102 MIAMI FL 331	72	SUITE 2408 SUNNY ISLES BEACH FL	331€0						
2. Principal P	Place of Business 21 NW 28S+	3. Mailing Address	<del></del>		1   <b>1   1   1   1   1   1   1   1   1  </b>	' BBARA BARAN BARAN BIBA	01 PADA ( 1 <b>4</b> 0		
Suite, Apt.	#, etc. Ste 102	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	ami FC	City & State			4. FEI Number 65-0945149			lied For Applicable	}
33/	72 Country SA	Zip .	Country		5. Certificate of Status Desired	7 7 7 7	<b>5</b> Addit equired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
0000000	1,50100		Name						1
CORDERO			Street	Address (P.C	). Box Number is Not Acceptable)	· <del>-</del>			1
	36 ST STE 302								-
MIAMI FL	33166								
•			. City			FL Zi	p Code		1
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office of	r registered	agent, or both, in the State of Flori	ida. I am familia	r with, ar	nd accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered Agent signa	ture required wh	en reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			Election Campaign Fina     Trust Fund Contribution.		<b>\$5.00</b> Added t	May Be o Fees	
10.	OFFICERS AND	DIRECTORS	T 11.	_	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	CTORS	IN 11	1
TITLE	PTD	☐ Delete	TITLE	PTI	<del></del>			Addition	É
NAME	AMASHTA, SAID		NAME	Am	ashta, Said 174 ST Winston	7	ماسم	_	2
STREET ADDRESS	301 ALMERIA AVE SUITE 330		STREET ADDRESS	30/-	174 ST WINSTON	10Der 3	500		13
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Sun	nyIsles Beach	FL 33/6	0		֝֟֝֝֝ <u>֚֚</u>
TITLE	VSD .	☐ Delete	TITLE	USD	( margat)	<b>⊿</b> CH	nange	Addition	) 5
NAME	RESTREPO, MARIA D		NAME	RES	trepo, Margall 174 ST Winston	TOWERS	00		`
STREET ADDRESS	301 ALMERIA AVE SUITE 330		STREET ADDRESS	301-	ny Isles Beach	FL 331	10		1
CITY-ST-ZIP	CORAL GABLES FL 33134	<u> </u>	CITY-ST-ZIP	Sur	ny ISPO ZOTO				ļ
TITLE	DECEMBER OF THE PROPERTY OF TH	Delete	TITLE.	1-17ac	trepo, Una Mark Almeria Ave ste y Isles Beach	A	hange	Addition	-
NAME STREET ADDRESS	RESTREPO, LINA MÀRIA A 301 ALMERIA AVE SUITE 330		NAME STREET ADDRESS	201	Almeria Ave Ste	330			
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Sun	VISIOS BEACH	F(331	60		
TITLE	D	□ Delete	TITLE	7	1 = 1 = 1	D27 C	nanne	Addition	1
NAME	RESTREPO, JUAN DAVID A	Delete	NAME	300	trepo, Jaan Dai	VIDA.	-		}
STREET ADDRESS	301 ALMERIA AVE #330		STREET ADDRESS	30/-	174 ST WINSTON	Tower S	500		ĺ
CITY-ST-ZIP	CORAL-GABLES FL 33134		CITY-ST-ZIP	Sul	trepo, Jaan Dai 174 ST Winston 174 J sirs Beach	FL 3316	50		
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NAME			NAME						
STREET ADDRESS			STREET ADDRESS	ŀ					
CITY-ST-ZIP			CITY-ST-ZIP						}
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	sertify that the information supplied with	this filing does not qualify for	L	tad in Secti	on 119 07/3Vi) Florida Statutos Lf	further certify the	t the info	ermation	

r nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

01/18/03 Date

(305) 282 4526