

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90079 025 \*\*\*150.00

**DOCUMENT # P99000064173**

1. Entity Name  
**SECURITY EXPORT, INC.**



Principal Place of Business  
**10421 NW 28 STREET  
SUITE 102  
MIAMI FL 33172**

Mailing Address  
**301-174 ST WINSTON TOWER 500  
SUITE 2408  
SUNNY ISLES BEACH FL 33160**



2. Principal Place of Business  
**10421 NW 28 St  
Suite, Apt. #, etc.  
Ste 102**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

Zip  
**33172**

Country  
**USA**

Zip

Country

4. FEI Number **65-0945149**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDERO, ALFONSO  
8025 NW 36 ST STE 302  
MIAMI FL 33166**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
AMASHTA, SAID  
301 ALMERIA AVE SUITE 330  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
Amashta, Said  
301-174 ST Winston Tower 500  
Sunny Isles Beach FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
RESTREPO, MARIA D  
301 ALMERIA AVE SUITE 330  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
Restrepo, Maria D  
301-174 ST Winston Tower 500  
Sunny Isles Beach FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RESTREPO, LINA MARIA A  
301 ALMERIA AVE SUITE 330  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Restrepo, Lina Maria A  
301 Almeria Ave Ste 330  
Sunny Isles Beach FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RESTREPO, JUAN DAVID A  
301 ALMERIA AVE #330  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Restrepo, Juan David A.  
301-174 ST Winston Tower 500  
Sunny Isles Beach FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21/18/03**

Date

**(305) 282 4526**

Daytime Phone #

CR2E034 (10/02)