

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073668

1. Entity Name

APS SECURITY SYSTEMS INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90330 018 ***150.00

Principal Place of Business

8252 NW 70TH STREET
MIAMI FL 33166

Mailing Address

8252 NW 70TH STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0318998**

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

RODRIGUEZ, ISAAC
1241 FALCON AVE
MIAMI SPRINGS FL 33166

Name

DIEGO R. DEL PINO

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

8252 NW 70 ST

City

MIAMI

FL

Zip Code

33166

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

D. Rodriguez - President

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

(NOTE: Registered Agent signature required when re-stating)

04-19-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEL PINO, DIEGO R	
STREET ADDRESS	8252 NW 70TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEL PINO SR, DIEGO	
STREET ADDRESS	5771 SW 11TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEL PINO, ERIC	
STREET ADDRESS	770 BRICKELL KEY, #508	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>9925 SW 221 HWY</i>	
CITY-ST-ZIP	<i>MIAMI FL 33190</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-01 305-591-8282

Date

Daytime Phone #

CR2E034 (10/00)