

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91120 047 \*\*\*150.00

**DOCUMENT # P99000073668**

1. Entity Name  
**APS SECURITY SYSTEMS INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0318998**  
**65-1027136**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL PINO, DIEGO  
 8252 NW 70 ST  
 MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DEL PINO, DIEGO R 8252 NW 70TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DEL PINO SR, DIEGO 9925 SW 221 TERRACE MIAMI FL 33190</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DEL PINO, ERIC 770 BRICKELL KEY, #508 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/02 305-591-8282**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

# P99000073668  
06/14/04



DEPARTMENT  
OF REVENUE  
Jim Zingale  
Executive Director

Florida Department of Revenue  
107 East Madison Street  
Tallahassee, Florida 32399-0233  
1-800-482-8293

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

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Mailed On or Before: 12/27/2000

### NOTICE OF POTENTIAL LIABILITY

FEIN: 65-1027136

APS SECURITY SYSTEMS INC  
8252 NW 70TH ST  
MIAMI, FL 33166

FLORIDA

You were recently assigned the Federal Employer Identification Number shown above.

If you have any employees in Florida, you may be liable under the Unemployment Compensation Law if you meet any of the following criteria:

- \* You have a \$1500 quarterly payroll or at least one worker for twenty (20) weeks in a calendar year. Corporate officers performing services are considered employees (includes 'S' corporations).
- \* You have a 501 (c) (3) IRS exemption with four (4) or more workers for twenty (20) weeks in a calendar year. (Churches and church owned organizations are exempt).
- \* You are an agricultural employer with a \$10,000 quarterly payroll or twenty (20) weeks in the year with five (5) or more workers.
- \* You paid \$1000 in a quarter for domestic services in your private home or college club.
- \* You are liable for federal unemployment taxes.

Please complete and return this form to the address shown above or you may call our Employer Information Center at the telephone number also shown above.

Date of first employment \_\_\_\_\_

Quarterly payroll \_\_\_\_\_

If none of the above criteria has been met, no response is necessary at this time.

Employer Registration Section