

DOCUMENT # P990000076687

1. Entity Name

SECURITY USA TRANSPORTATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-14-2000 90065 006 ***158.75

Principal Place of Business

Mailing Address

2421 HOLLYWOOD BLVD
 SUITE 01
 HOLLYWOOD FL 33020

2421 HOLLYWOOD BLVD
 SUITE 01
 HOLLYWOOD FL 33020-6605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

65-0944483

Applied For

Not Applicable

Zip

Country

Zip

Country

33022-1076

USA

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

BOACHI, RONALDO
 251 174TH ST #1617
 SUNNY ISLES FL 33160

Name BOSCHI, RONALDO

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

9129 BYRON AVE

City SURFSIDE

FL

Zip Code 33154

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 RONALDO BOSCHI

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

(NOTE: Registered Agent Signature Required when reinstating)

01/06/2000

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, 2000 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 ☐ Delete
 NAME BOSCHI, RONALDO
 STREET ADDRESS 251 174TH ST #1617
 CITY-ST-ZIP SUNNY ISLES FL 33160

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

RONALDO BOSCHI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALDO BOSCHI
 Name

01/06/2000
 Date

(954) 927-6700
 Daytime Phone #

CR2E034 (9/99)