

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097142

1. Entity Name
INTERAMERICAN SECURITY SERVICES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90043 011 ***150.00

Principal Place of Business
11700 NW 36TH AVE.
MIAMI FL 33167

Mailing Address
11700 NW 36TH AVE.
MIAMI FL 33167-2914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13876 SW 56th Street
Suite, Apt. #, etc.
132
City & State
Miami Florida
Zip
33175
Country
USA

3. Mailing Address
13876 SW 56th Street
Suite, Apt. #, etc.
132
City & State
Miami Florida
Zip
33175
Country
USA

4. FEI Number
65-0985617
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAGOLNICK, JOEL S
100 SOUTHEAST SECOND ST., 37TH FL
MIAMI FL 33131

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 _____ (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, 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	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ALBERT		NAME	Stevens, Albert	
STREET ADDRESS	11700 NW 36TH AVE.		STREET ADDRESS	13876 SW 56th Street #132	
CITY-ST-ZIP	MIAMI FL 33167		CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGOLNICK, JOEL S		NAME	Magolnick, Joel S	
STREET ADDRESS	100 SOUTHEAST SECOND ST., 37TH FL		STREET ADDRESS	100 Southeast Second St., 37th FL	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERAN, ROGER		NAME		
STREET ADDRESS	11700 NW 36TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LUIS		NAME		
STREET ADDRESS	11700 NW 36TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Luis Fernandez 04/17/00 305-772-5758
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)