

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90163 020 ***550.00

DOCUMENT # P99000104077

1. Entity Name
SECURITY SPECIALISTS ENTERPRISES, INC.



Principal Place of Business
2355 SW 36 AVE.
MIAMI FL 33145

Mailing Address
2355 SW 36 AVE.
MIAMI FL 33145

2. Principal Place of Business

3640 NW 41st
Suite, Apt. #, etc.

3. Mailing Address

3640 NW 41st
Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33142

Country
USA

City & State
MIAMI, FL

Zip
33142

Country
USA

4. FEI Number **65-0970876**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERTZBERG, JASON
2355 SW 36 ST.
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **JASON HERTZBERG**

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

3640 NW 41st

City **MIAMI**

FL

Zip **33142**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **PSTD** ☐ Delete
NAME **HERTZBERG, JASON**
STREET ADDRESS **2355 SW 36 ST.**
CITY-ST-ZIP **MIAMI FL 33145** **3640 NW 41st**
MIAMI FL 33142

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (4/03)