

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P99000007141**
 1. Entity Name **MONARCH SECURITY SYSTEMS**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC -3 PM 12:30

Principal Place of Business
2746 S.W. 11th St
MIAMI - FL 33135
 SAME

600004721316--4
 -12/12/01--01080--033
 *****70.00 *****70.00

2. Principal Place of Business
2746 S.W. 11th St
 Suite, Apt. #, etc.

3. Mailing Address
2746 S.W. 11th St
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL**
 Zip **33135** Country **USA**

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4. FEI Number
65-0969945

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

Name **JUSTINO CELORIO**
 Street Address (P.O. Box Number is Not Acceptable)
2746 S.W. 11th St
 City **Miami FL** Zip Code **33135**

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 **Justino Celorio**

DATE **Nov. 27/01**

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
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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
JUSTINO CELORIO PRESIDENT 2746 S.W. 11th St. MIAMI-FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Frank Hasdev III VICE-PRESIDENT 2746 S.W. 11th St Miami-FL 33135	
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

Justino Celorio

DATE **Nov. 27/01** **305-643-0966**

CR2E034 (5/01)