

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000108315**

1. Entity Name  
**OUR SECURITY CORP. FOUR BUILDINGS**

Principal Place of Business: **133 SEVILLA CORAL GABLES FL 33134**

Mailing Address: **133 SEVILLA CORAL GABLES FL 33134**

2. Principal Place of Business: **133 SEVILLA CORAL GABLES FL 33134**

3. Mailing Address: **PO Box 22577**

Suite, Apt. #, etc.:

City & State: **HIACLEAH, FL**

4. FEI Number:  Applied For  Not Applicable

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

Zip: **33002**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**  
05-16-2000 90065 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **ROLLNICK, NEIL STEVEN ESQ. 133 SEVILLA ROLLNICK & LINDEN, P.A. CORAL GABLES FL 33134**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (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 \$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: <b>President/Treasurer</b> <input type="checkbox"/> Delete	NAME: <b>Lowell S. Dunn</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>8083 N.W. 103rd Street</b>	CITY-ST-ZIP: <b>Hialeah Gardens, FL 33016</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <b>Vice President/Secretary</b> <input type="checkbox"/> Delete	NAME: <b>Betty L. Dunn</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>8083 N. W. 103rd Street</b>	CITY-ST-ZIP: <b>Hialeah Gardens, FL 33016</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	
CITY-ST-ZIP:	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)(l), 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: Betty L. Dunn **4/26/00** **305-821-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)