



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # **V08587**
1. Entity Name
TROPICAL SECURITY SYSTEMS INC.

FILED
02 APR 16 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4485 NE 6TH TER
Suite, Apt. #, etc.
3. Mailing Address
P.O. Box 100216
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE FL
Zip
33334
Country
4. FEI Number
65-0312728
Applied For
Not Applicable
5. Certificate of Status Desired
10
\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PAULINE MARAZZI
Street Address (P.O. Box Number is Not Acceptable)
10347 NW 53 CT
City
CORAL SPRINGS FL
Zip Code
33076

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

Pauline Marazzi

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

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P/VPK
NAME
DENNIS BYRN
STREET ADDRESS
315 NW 38 WAY
CITY - ST - ZIP
DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500005452085--
-05/06/02--01021--001
*******70.00 *****70.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2
Date

9547398620
Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

BB