

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 27, 2001 8:00 am**  
**Secretary of State**

07-27-2001 90003 047 \*\*\*550.00

0063321 AV

**DOCUMENT # V13289**

1. Entity Name

**PRO TECH SECURITY & ENGRAVING, INC.**

Principal Place of Business

**4631 NORTH WEST 31ST AVENUE  
 SUITE 314  
 FT. LAUDEDALE FL 33309**

Mailing Address

**4631 NORTH WEST 31ST AVENUE  
 SUITE 314  
 FT. LAUDEDALE FL 33309**

2. Principal Place of Business

**648 NW 100 Lane**

Suite, Apt. #, etc.

3. Mailing Address

**648 NW 100 Lane**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs, FL**

City & State

**Coral Springs, FL**

4. FEI Number

**65-0313700**

Applied For

Not Applicable

Zip

Country

**33071**

Zip

Country

**33071**

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

**FABEL, SHERRY CARR  
 4631 N.W. 31ST AVENUE  
 SUITE 314  
 FT. LAUDERDALE FL 33309**

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

*Sherry C. Fabel*

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

(NOTE: Registered Agent signature required when reinstating)

**7/15/01**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **FABEL, ROGER T.**  
 CITY-ST-ZIP **648 N.W. 100 LANE  
 CORAL SPRINGS FL**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **FABEL, SHERY C.**  
 CITY-ST-ZIP **648 N.W. 100 LANE  
 CORAL SPRINGS FL**

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

TITLE ☐ Delete  
 NAME **MD**  
 STREET ADDRESS **FABEL, DAVID A.**  
 CITY-ST-ZIP **7206 WESTWOOD DR.  
 TAMARAC FL**

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

TITLE ☐ Delete  
 NAME **OM**  
 STREET ADDRESS **FABEL, ADAM T.**  
 CITY-ST-ZIP **8203 N.W. 91 AVE.  
 TAMARAC FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/01**

Date

**954 752-2501**

Daytime Phone #

CR2E034 (5/01)