2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38972 CAPUTO SECUR-ENTRY INDUSTRIES INC. Principal Place of Business Mailing Address P. O. BOX 2777 5420 N. OCEAN DR. PALM BEACH FL 33480-2777 STE. 805 SINGER JELAND FL 33404 2. Principal Place of Business 3. Mailing Address 1190 MANOR DL 1190 MANOR Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90069 016 ***163.75



DO NOT WRITE IN THIS SPACE

City & State SINGS R ISLAND FL			City & State SINGER ISLAND FL		4. F	NOT APPLICABLE		pplied For lot Applicable
Zip 334	104	Country	Zip 33404	Country US#	5. (Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Nam	e and Address of Current	t Registered Agent		7. N	Name and Address of New Registered	Agent	
CAPUTO, GINO 1190 MANOR DR. SINGER ISLAND FL 33404					Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Cod	de
3. The above	named ent	ity submits this statement f	or the purpose of changing its	registered office or re	gistered ag	ent, or both, in the State of Florida.		
SIGNATURE _	Signature, type	ed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature	required when re	einstating) DATE		
				!! FEE IS \$150.00 00 Fee will be \$550 le to Department o		10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
11.		OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP), GINO ANOR DR. ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	D CAPUTO 1190 M/	D, MICHAEL ANOR DR. ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUTO 1190 M/	O, CONNIE ANOR DR. ISLAND FL 33404	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS OTY-ST-ZIP	VPSD CAPUTO 1190 M/	D, ROSALBA ANOR DR ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
ITLE - IAME STREET ADDRESS CITY - ST - ZIP	/ / .		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	``.	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes 1 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.

Fib. 19/2000