

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47223

1. Entity Name

CENTENNIAL SECURITY SYSTEMS, INC.

FILED

00 APR 27 AM 9:37

Principal Place of Business

7105 NW 53RD ST TERRACE
MIAMI FL 33166
US

Mailing Address

7105 NW 53RD TERRACE
MIAMI FL 33166-4805
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/15/00 900051031 \$158.75
[Barcode]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0346813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATO, RICHARD S
1206 N.W. 180 AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

HONORIO SUAREZ

Street Address (P.O. Box Number is Not Acceptable)

8343 LAKE DRIVE # 407

City

MIAMI

FL

Zip Code 33166

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

X

(HISMAEL)

HONORIO SUAREZ PRESIDENT

3/6/00

Signature typed or printed name of registered agent and title 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)

☐

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

TITLE PD
NAME PRATO, RICHARD
STREET ADDRESS 1206 NW 180 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

☒ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SUAREZ, HONORIO
STREET ADDRESS 8343 LAKE DRIVE #407
CITY-ST-ZIP MIAMI FL 33166

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: X

X

(HISMAEL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

305-883-3100

Daytime Phone #

CR2E034 (9/99)