## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # V50554

1. Entity Name

ISS INTERNATIONAL SECURITY SYSTEMS, INC.

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90460 011 \*\*\*158.75

Principal Place of Business 1550 LENAPE DRIVE MIAMI SPRINGS FL 33166		Mailing Address 1550 LENAPE DRIVE MIAMI SPRINGS FL 33	3166			
2. Principal Place of Business		3. Mailing Address		. THE BUT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0388101	Applied For Not Applicable	
Zìp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CARRERA, FERNANDO				Name .		
1550 LENAPE DRIVE MIAMI SPRINGS FL 33166			Street Address (P.O. Box Number is Not Acceptable)			
	10 1 2 00 100		City		Zip Code	
<ol><li>The above name the obligations of the obligations.</li></ol>	ed entity submits this statem of registered agent.	ent for the purpose of changing	its registered office or	registered agent, or both, in the State of Florida. † a	am familiar with, and accept	
SIGNATURE	ture, typed or printed name of registered	agent and title if applicable (M	OTE: Societared Asset -			
			OTE: Registered Agent signatur	e required when reinstating) DAT	E	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
0.	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 11	
ITLE ST		Delete	TITLE	Service of the Control of the Contro		
AME CINC	QUETTI, ELEONORA		NAME		☐ Change ☐ Addition	
TREET ADDRESS 8873	3B FONTAINEBLEAU BLV	D	STREET ADDRESS			

CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE VTD ☐ Delete TITLE ☐ Change ■ Addition NAME CARRERA. FERNANDO NAME STREET ADDRESS 1550 LENAPE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 supplement who in it 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 changed, or on an attachment with an additional solution. So with all other the empowered.

**SIGNATURE:** 

FERNANDO CARRERAR SOUTH JANUARY 7, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)888-8080

Date

Daytime Phone #