

2000 UNIFORM BUSINESS REPORT (UBR)

6/8/

FILED

Sep 19, 2000 8:00 am
Secretary of State

06-23-2000 90105 006 ***150.00
08-22-2000 90004 025 ***400.00

DOCUMENT # P98000047226

1. Entity Name

SECURITY DEALERS NETWORK, INC.

Principal Place of Business

Mailing Address

18761 W. DIXIE HIGHWAY
222
AVENTURA FL 33180

P.O. BOX 1120
HALLANDALE FL 33008-1120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

1037539
65-1037539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD, T.J.
18761 W. DIXIE HWY., #222
AVENTURA FL 33180

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
ROSS, ROBERT
18761 W. DIXIE HWY, # 222
AVENTURA FL 33180

☐ Delete

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

TITLE
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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 supplement 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, trustee and/or liquidator of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all changes allowed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00
Date

786-367-0000
Daytime Phone #

[Signature]
T.J. Clifford, Pres.

9/14/00

CR2E034 (9/99)