

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L56313**

1. Entity Name

**ALARM TRUST OF FLORIDA, INC.****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90035 043 \*\*\*150.00

Principal Place of Business

511 S 21ST AVE  
HOLLYWOOD FL 33020

Mailing Address

511 S 21ST AVE  
HOLLYWOOD FL 33020-5015

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0176192**

Applied For

Not Applicable

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

**GORDON, HOWARD W.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1200**  
**CORAL GABLES FL 33134**

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 **DPT** ☐ Delete  
NAME **LEVITT, EDDIE**  
STREET ADDRESS **1835 N.E. 187TH ST.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**TITLE **S** ☐ Delete  
NAME **GORDON, HOWARD W**  
STREET ADDRESS **291 ALHAMBRA CIR, STE 12TH FL**  
CITY-ST-ZIP **CORAL GABLES FL**TITLE **VP** ☐ Delete  
NAME **LEONE, JOHN**  
STREET ADDRESS **7431 NW 34TH ST**  
CITY-ST-ZIP **LAUDERHILL FL 33319**TITLE **VP** ☐ Delete  
NAME **J. DAVID**  
STREET ADDRESS **1574 NE 182ST**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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:***Eddie A. Levitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Eddie A. Levitt 01/19/00 (954)923-0505**

Date

Daytime Phone #