

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000001193**

1. Entity Name  
**SELF STORAGE SECURITY SOLUTIONS, LC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:08

Principal Place of Business  
23423 SERENE MEADOW DR. S.  
BOCA RATON FL 33428

Mailing Address  
23423 SERENE MEADOW DR. S.  
BOCA RATON FL 33428-5209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0855305** Applied For Not Applicable

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SCHULMAN, NORMAN  
23423 SERENE MEADOW DR. S.  
BOCA RATON FL 33428

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME MGRM SCHULMAN, NORMAN  Delete  
STREET ADDRESS 23423 SERENE MEADOW DR. S.  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM HATTON, KEVIN  Delete  
STREET ADDRESS 4209 NW 120 LANE  
CITY-ST-ZIP SUNRISE FL 33323

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM AMOROSO, ROBERT  Delete  
STREET ADDRESS 10345 SW 129 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

1/20/00 Date 561 477-4204 Daytime Phone #