

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90007 049 \*\*\*550.00

<b>DOCUMENT #</b> F98000001342	
1. Entity Name FAM INTERNATIONAL SECURITY, INC.	
Principal Place of Business 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211	Mailing Address 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211
2. Principal Place of Business Beverly Hills CA	3. Mailing Address AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 95-4658276	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WINSTON, HERBERT T 2538 COOLIDGE ST. HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name: BRIAN M. LEEK Street Address (P.O. Box Number is Not Acceptable) 2538 Coolidge ST City: Hollywood FL Zip Code: 33020	

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]* DATE: 8-14-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PVST RICE, JAMES N. 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRIAN M. LEEK 8665 WILSHIRE BLVD. #400 BEVERLY HILLS, CA 90211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVCD RICE, JAMES N. 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* DATE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)