

2001 UNIFORM BUSINESS REPORT (UBR)

0013172 AF

DOCUMENT # L00000001261

1. Entity Name
ND SECURITY FILM, LLC

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10117 WEST OAKLAND PARK BLVD.
PMB #325
SUNRISE FL 33351

Mailing Address
10117 WEST OAKLAND PARK BLVD.
PMB #325
SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0986411

Applied For

Not Applicable

Zip

Country

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

DAVID TORCHIN, C.P.A.
8211 WEST BROWARD BLVD.
SUITE 200
PLANTATION FL 33324-2726

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

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

S000003996065--8
-04/13/01--01014--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ALKESSIASSI, DAVID ☐ Delete
STREET ADDRESS 10117 WEST OAKLAND PARK BLVD. PMB 325
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

David Alkessassi David Alkessassi 3/27/01 954-8380810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)