

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004620

1. Entity Name  
ALARM COMMUNICATION TECHNOLOGIES, L.L.C.

Principal Place of Business  
6351 SAN MICHEL WAY  
DELRAY BEACH FL 33484

Mailing Address  
6351 SAN MICHEL WAY  
DELRAY BEACH FL 33484

2. Principal Place of Business  
3111 University Drive

Suite, Apt. #, etc.  
Suite 610

City & State  
Coral Springs, Fl.

Zip Country  
33065 USA

3. Mailing Address  
3111 University Drive

Suite, Apt. #, etc.  
Suite 610

City & State  
Coral Springs, Fl.

Zip Country  
33065 USA

4. FEI Number  
65-1007174

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HODKIN, PETER M  
ONE EAST BROWARD BLVD  
SUITE 1501  
FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

TITLE NAME  
MGR HODKIN, PETER M ☒ Delete  
STREET ADDRESS  
ONE EAST BROWARD BLVD SUITE 1501  
CITY-ST-ZIP  
FT LAUDERDALE FL 33301

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☒ Addition  
MGR ZUCKERMAN, ANDREW  
STREET ADDRESS  
3111 UNIVERSITY DRIVE, SUITE 610  
CITY-ST-ZIP  
CORAL SPRINGS, FL. 33065

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
700003819787--0  
-03/09/01--01015--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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: Andrew Zuckerman, MGR 2/27/01 954-340-1744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 MAR -1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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