

2001 UNIFORM BUSINESS REPORT (UBR)

0032464 SP

DOCUMENT # L00000006697

1. Entity Name
SECURITY & DATA SOLUTIONS, LLC

FILED

01 JAN 18 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
23423 SERENC MEADOW DRIVE SOUTH
BOCA RATON FL 33428

Mailing Address
23423 SERENC MEADOW DRIVE SOUTH
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

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

HALPER, DEAN R
45200 JOG ROAD, SUITE B-7
DELRAY BEACH FL 33446

Name **NORMAN SCHULMAN**
Street Address (P.O. Box Number is Not Acceptable) **23423 SERENC MEADOW DR. S.**
City **BOCA RATON, FL** Zip **33428**

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 **NORMAN SCHULMAN** **1/14/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MEM** ☐ Delete
STREET ADDRESS **NORMAN SCHULMAN**
CITY-ST-ZIP **23423 SERENC MEADOW DR. S. BOCA RATON, FL 33428**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **400003572504--9**
CITY-ST-ZIP **-01/24/01--01015--013**
*******50.00 *****50.00** ☐ Change ☐ Addition

TITLE NAME **MEM** ☐ Delete
STREET ADDRESS **KEVIN HATTON**
CITY-ST-ZIP **4209 NW 120 LANE**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **SUNRISE FL 33323**
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
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TITLE NAME ☐ Change ☐ Addition
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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: **NORMAN SCHULMAN** **1/14/01** **501 477-464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)