## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034443

1. Entity Name

U.S. HOMELAND SECURITY SERVICES, LLC



## **FILED** Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90325 026 \*\*\*\*50.00

	DO NOT WRITE	IN THIS	SPACE				
	Place of Business	3. Mailing Address					
801 Brickell Avenue		801 Brickell Avenue		1116			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>ruc</u>	DO NOT HO	TC 0.1 T	
Suite 1901		Suite 1901			DO NOT WHI	ITE IN THIS SI	PACE
City & State Miami, Florida 3313		City & State		4. F	El Number		
		Miami, Fl	orida -		1-3669916		Applied For
Zip 33131	Country USA	Zip 33131	Country USA		Certificate of Status Desired		Not Applicable  5.00 Additional ee Required
				7. Nai	me and Address of Current		
	4 DO NOT W		Na	me		- riogiotoi cu /	-gent
	· DO NOT W	RIJE.	1 1	homas R.	Spencer		
	IN THIS CO		Str	eet Address (P.OBo	x Number is Not Acceptable	)	~~-
	IN THIS SP	AUE	<u></u>	OI DIICKE	ell Avenue, S	<u>uite i</u>	901
			City	iami		FL	Zip Code
8. The above	named entity submits this statement for tions of registered agent.	the nurnose of changing	ito sociate and aff	Tallit		<u></u>	Zip Code 33131
the obligation	tions of registered agent.	and purpose of changing	us registered offic	ce or registered agei	nt, or both, in the State of Flo	rida. I am fam	illar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	of title it a - ti - to 1					
	or valued agent at	d the riapproadle.				DATE	
			FEE IS \$50.0	00			
		Make Check Paya			itate		
9.			DUE BY MAY	/1			
TITLE	MANAGING MEMBER	S/MANAGERS					
NAME	Manager		TITLE				i i
STREET ADDRESS	James Angleton		NAME				
CITY-ST-ZIP	801 Brickell Ave Miami,Florida 33	#1901	STREET ADORE	88			
		<u>131                                   </u>	CITY-ST-ZIP				33
TITLE NAME	Manager		TITLE				IG
STREET ADDRESS	Larry Holdridge		NAME				<u> </u>
CITY-ST-ZIP	801 Brickell Ave	#1901	STREET ADDRE	SS .			10
<u> </u>	Miami, Florida 3	3131	CITY-ST-ZIP				
TITLE NAME			TITLE				
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRES	38	DO NOT		
TITLE			CITY-S1-ZIP		-DO NOT V	VKILL	<b>=</b>
NAME			TITLE		NETILO	ACTION OF THE PROPERTY OF THE PARTY.	
STREET ADDRESS			NAME		IN THIS S	PACE	
CITY-ST-ZIP			STREET ADDRES	S			
			CITY-S1-ZIP				
TITLE NAME			THE				
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS	s			
			CITY-ST-ZIP				
TITLE NAME			TITLE				
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS	3			
			CITY OF THE			ARREST VECTORS OF THE STREET,	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

305 374-1200