

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005756

1. Entity Name
SECOM USA, LLC

APPROVED
AND
FILED

00 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1402 E. LAS OLAS BLVD., STE. 225
FT. LAUDERDALE FL 33301

Mailing Address
1402 E. LAS OLAS BLVD., STE. 225
FT. LAUDERDALE FL 33301-2336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2363 SE 15th Street
Suite, Apt. #, etc.

3. Mailing Address
6278 N. Federal Hwy
Suite, Apt. #, etc.
404

City & State
Pompano Beach, FL
Zip
33062
Country
USA

City & State
Ft Lauderdale, FL
Zip
33308
Country
USA

4. FEI Number
65-0948125
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALLOT, DONALD R
2363 SE 15TH STREET
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

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

2/24/08

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANIT, ROBERT 3839 BRIARGROVE LANE #2208 DALLAS TX 75287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO - MGRM Donald R. Sallot 2363 SE 15th Street Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Kathy I Sallot - MGRM 2363 SE 15th Street Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003217849-4 -04/21/00-01008-009 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/24/08

Date

954-439-2707

Daytime Phone #

CR2E083 (9/99)