

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # **L99000006890** 2405

1. Entity Name  
**FAMILYSAFEDEPOSIT.COM, L.C.**

MAY 12 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

65-0963165

Principal Place of Business  
2800 NE 60TH STREET  
FT LAUDERDALE FL 33308

Mailing Address  
2800 NE 60TH STREET  
FT LAUDERDALE FL 33308-2736



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

65-09-63165

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

VLANDIS, CLAUDE  
2800 NE 60TH STREET  
FT LAUDERDALE FL 33308

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**

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE **MGRM DIRECTOR**  
NAME **CLAUDE VLANDIS**  
STREET ADDRESS **2800 NE 60TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL, 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003278855-1  
-06/06/00--01101--005  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
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TITLE  
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700003284107-7  
-06/12/00--01013--001  
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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:

**SIGNATURE REQUIRED**

2.4.00 9547765090

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

Date

Daytime Phone #

CR2E083 (9/99)