

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000252

1. Entity Name

AMSEC GLOBAL SERVICES, L.C.

Principal Place of Business

2377 MICOPOLINE ROAD, PH-5
MIAMI FL 33133

Mailing Address

629 CEDAR CREEK GRADE
WINCHESTER VA 22601

2. Principal Place of Business

5404 West Flagler Street
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

23134

Country

USA

Zip

Country

4. FEI Number

54-1873652

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNBY, SIMON

801 BRICKELL AVENUE, SUITE 922
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

5404 West Flagler Street

2nd Floor

City

Miami

FL

Zip Code

33134

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.

Simon Hornby

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004573086--2
-09/06/01--01092--019
****100.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HORNBY, SIMON
801 BRICKELL AVENUE, SUITE 922
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5404 West Flagler Street, 2nd Floor
Miami FL 33134

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

8-27-01

305 5670029

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

Date

Daytime Phone #

0009122

CR2E083 (5/01)

STAPLE CHECK HERE

FILED
01 AUG 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE