

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0044732

**DOCUMENT # M98000000252**

1. Entity Name

**AMSEC GLOBAL SERVICES, L.C.**

04-09-2002 90047 049 \*\*\*\*\*50.00

Principal Place of Business

**5404 WEST FLAGLER STREET, 2ND FLOOR  
 MIAMI FL 23134**

Mailing Address

**629 CEDAR CREEK GRADE  
 WINCHESTER VA 22601**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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  
 5404 WEST FLAGLER STREET, 2ND FLOOR  
 MIAMI FL 23134**

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

*[Handwritten 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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME **MGRM**  
 STREET ADDRESS **HORNBY, SIMON**  
 CITY-ST-ZIP **5404 WEST FLAGLER STREET, 2ND FLOOR**  
**MIAMI FL 23134**

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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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:

*[Handwritten Signature]*

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

**3-22-02 305670029**

Date

Daytime Phone #

CR2E083 (9/01)