FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90182 037 ***150.00

DOCUMENT # P01000046572

1. Entity Name
LAL/MAS Security Agency

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20283 STATE RD 7	SAME
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33498 Country: U.S.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3803782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GERARD MACCIOLI

Street Address (P.O. Box Number is Not Acceptable): 19507 Estuary Dr

City: Boca Raton FL Zip Code: 33498

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: Gerard Maccioli 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	GERARD MACCIOLI
STREET ADDRESS	19507 Estuary Dr
CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	VICE President
NAME	Louis Loseialpo
STREET ADDRESS	64 A MARY Street
CITY-ST-ZIP	LODI, NJ 07644
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerard Maccioli 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #