

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097122

1. Entity Name
AMERICAN ALARMS SECURITY SYSTEMS, INC.

Principal Place of Business
5722 S FLAMINGO RD
FT LAUDERDALE FL 33330
US

Mailing Address
5722 S FLAMINGO RD
FT LAUDERDALE FL 33330
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0840800
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAWICKI, MAXIMO
1079 DEERWOOD LANE
FT. LAUDERDALE FL 33326

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 _____

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME SAWICKI, MAXIMO
STREET ADDRESS 1079 DEERWOOD LANE
CITY-ST-ZIP FT LAUDERDALE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-2001 90053034 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 10:12



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4/30/01