

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000006168**

1. Entity Name

SECURITY ASSOCIATES GROUP-NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

**7270 N.W. 12TH STREET, SUITE 876
MIAMI FL 33126****7270 N.W. 12TH STREET, SUITE 876
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**LOPEZ, JOSE A
7270 N.W. 12TH STREET, SUITE 876
MIAMI FL 33126****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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE A	
STREET ADDRESS	7270 N.W. 12TH STREET, SUITE 876	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENRY, DARRYL M	
STREET ADDRESS	1150 NW 72ND AVE, STE 410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JOSE A LOPEZ/SECURITY ASSOCIATES GROUP N.V	
STREET ADDRESS	7 ABRAHAM DE VEERSTRAAT, P.O. BOX 840	
CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 is 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:**JOSE A. LOPEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01

Date

305-591-0722

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0145908

CR2E034 (10/00)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90094 047 ***158.75