2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # 599239** 1. Entity Name CENTRAL LOCK & HARDWARE SUPPLY CO. 04-28-2001 90065 005 ***150.00 Principal Place of Business Mailing Address 95 NW 166 ST 95 NW 166 ST **MIAMI FL 33169** MIAMI FL 33169 96174B 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1885001 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent ----GLIXMAN, SHARI Street Address (P.O. Box Number is Not Acceptable) 95 NW 166 STREET **MIAMI FL 33169** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00.May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) PD Change ☐ Addition TITLE TITLE Delete GLIXMAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 95 N.W. 166 ST MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change STD TITLE Delete TITLE GLIXMAN, SHARI NAME NAME STREET ADDRESS 95 NW 166 ST STREET ADDRESS City-ST-7IP CITY-ST-ZIP MIAMI FL Addition ☐ Change = :TITLE™ ←> ☐ Detete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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 Bleck 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTO