## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## K75338 DOCUMENT #



FILED Mar 07, 2003 8:00 am Secretary of State

CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	A. LIBEH	ITY LOCKSMITH, INC.				03-07-2003 90063 0	47 ***150	.00	
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   City 4 State   City 4	C/O ADALBERTO PASTOR  831 N.W. 37 AVENUE  831 N.W. 37 AVENUE					TIDENENIN AN INDEL ANDE MINDE MINDE MAN	Didin ahan ahan	Bioki didili kedi	
City & State  Country  Set Country  Set Country  Set Country  Set Country  Set Country  Set Country  Name and Address of New Registered Agent  Name  PASTOR ADALBERTO  Street Address (P.O. 9ox Number is Not Acceptable)  City  FL  Zir Coop  City  City  City  FL  Zir Coop  City  City  FL  Zir Coop  City  City  FL  Zir Coop  City  FL  Zir Coop  City  City  City  FL  Zir Coop  City  City  City  FL  Zir Coop  City  C	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired S.7. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Manual Status Address (P.O. Box Number is Not Acceptable)  FLE NAME Status Address (P.O. Box Number is Not Acceptable)  Stead Address (P.O. Box Number is Not Acceptable)  Address of New Address of New Registered Agent 8. The Manual Address of New Registered			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  F. Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  F.L. Zip Code  8. The above numed entity submits this statement for the purpose of changing its registered Agent provided agent.  City  F.L. Zip Code  8. The above numed entity submits this statement for the purpose of changing its registered agent.  City  F.L. Zip Code  8. The Above numed entity submits this statement for the purpose of changing its registered agent.  SIGNATURE  F. J. Signature, river or prince name of registered agent.  F. D. Acceptable of the purpose of changing its registered diffice or registered agent.  DOTE Registered Agent signature register in massing.  DOTE Registered Agent signature register in massing.  P. Eliction Campaign Financing State  STOR ADALETTO  STORY ADALETTO  STORY ADALETTO  STORY ADALETTO  Delete  TITLE  MAM FL  PASTOR, ADALETTO  STORY ADALETTO	City & Sta	ite	City & State			4. FEI Number 65-0110845			
PASTOR, ADALBERTO 831 N.W. 37 AVENUE MIAMI FL 33125  City  FL  City  FL  Ziz Code  City  C	Zip		·	Cour	ntry	5. Certificate of Status Desired	\$8.75 Ac	iditional	
PASTOR ADALBERTO 831 N.W. 37 AVENUE MIAMI FL 33125  City FL Zip Code  6. 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. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of		6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL	DAOTOR			·	Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE					Street Address	Address (P.O. Box Number is Not Acceptable)			
R. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    SIGNATURE	MIAMI FL						<u>-</u> -		
SIGNATURE   Suphane byte of printed remoral of registered agent and tito it appointment (NOTE Registered Agent signature required when remarking)   DATE					·		-	ľ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PASTOR, ADALBERTO SIRET ADDRESS CITY-S1-ZP MIAMI FL  ITILE PASTOR, MARIA SIRET ADDRESS CITY-S1-ZP MIAMI FL  ITILE MAME SIRET ADDRESS CITY-S1-ZP  ITILE MAME SIRET ADDRESS CITY-S1	SIGNATURE	tions of registered agent.		ging its registere	ed office or registe	red agent, or both, in the State of Florida. I am	familiar with,	and accept	
### After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.	<u> </u>	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating) DATE		<del></del>	
### After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.	F	ILE NOW!!! FEE IS \$150.00							
POSTOR, ADALBERTO   Delete   MAME   SIREET ADDRESS   CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00					S. Election Campaign Financing     Trust Fund Contribution.			
POSTOR, ADALBERTO   Delete   MAME   SIREET ADDRESS   CITY-ST-ZIP	10.	OFFICERS AND							
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: