

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90123 014 ***558.75

DOCUMENT # H23949

1. Entity Name

LEE'S LOCKSMITH AND BICYCLE SHOP, INC.



Principal Place of Business

**1101 N. FEDERAL HIGHWAY
 HOLLYWOOD FL 33020**

Mailing Address

**1101 N. FEDERAL HIGHWAY
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2450075

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTLER, MARK F

**1720 HARRISON STREET., 6C-W
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

Kimberly D. SALVINO V.P.

Street Address (P.O. Box Number is Not Acceptable)

713 N.W. 7 AVE

City

DANIA, Beach

FL

Zip Code

33004

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 Kimberly D. Salvino V.P. S.T.D. Kimberly D. SALVINO 7-5-01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 **PD** ☐ Delete
 NAME **SALVINO, MARCO, SR.**
 STREET ADDRESS **1101 N. FEDERAL HWY.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **STD** ☐ Delete
 NAME **SALVINO, KIMBERLY**
 STREET ADDRESS **1101 N. FEDERAL HWY.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 Kimberly D. Salvino V.P. S.T.D. Kimberly D. SALVINO 7/5/01 954-925-5157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)