

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

DOCUMENT # L00000006445

1. Entity Name
LOCKAMERICA LLC

01 MAY -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ALIOT C. ABBOTT
201 S BISCAYNE BLVD SUITE 1700
MIAMI FL 33131

Mailing Address
C/O ALIOT C. ABBOTT
201 S BISCAYNE BLVD SUITE 1700
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o ELIOT C. ABBOTT
201 S. BISCAYNE BLVD
SUITE 1700
MIAMI FL 33131

3. Mailing Address

c/o ELIOT C. ABBOTT
201 S. BISCAYNE BLVD
SUITE 1700
MIAMI FL 33131

4. FEI Number

65-1023861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
201 S BISCAYNE BLVD
SUITE 1700
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
D'ONOFRIO, ARTHUR MICHAEL
2891 NW 22 TERR
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
VELOCCI, RALPH
2891 NW 22 TERR
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
4000004342164--9
-06/05/01--01084--008
*****50.00 *****50.00

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

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

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

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

11. 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Arthur Michael D'Onofrio,
Authorized Representative

April 6, 2001

(954) 782-2266

Date

Daytime Phone #