

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L68443

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: LOCKEY DISTRIBUTORS, INC.

Current Principal Place of Business:

7288 N W 25TH ST
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

7288 N W 25TH STREET
SUITE 300-D
MIAMI, FL 33122 US

New Mailing Address:

7288 N W 25TH STREET
MIAMI, FL 33122 US

FEI Number: 65-0188886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E.
2699 S. BAYSHORE DRIVE, 300D
MIAMI, FL 33133

Name and Address of New Registered Agent:

LEHRMAN, JEFFREY E. ESQ.
220 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES, FL 33134

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: JEFFREY E LEHRMAN

04/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARADELA, AMANCIO,
Address: 7305 N AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: PARADELA, SOMNIA,
Address: 7305 N AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARADELA, AMANCIO
Address: 7305 N AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Change () Addition
Name: PARADELA, SOMNIA
Address: 7305 N AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOMNIA PARADELA

VP

04/17/2002

Electronic Signature of Signing Officer or Director

Date