

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90394 038 ***150.00

DOCUMENT # P00000062579



1. Entity Name
SURELOCK GROUP CORPORATION

Principal Place of Business
ROBERTO VALERA
16213 LAUREL DRIVE
WESTON FL 33326

Mailing Address
ROBERTO VALERA
16213 LAUREL DRIVE
WESTON FL 33326



2. Principal Place of Business
7818 NW 17 PL

3. Mailing Address
7818 NW 17 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number **65-1021366**

Applied For
 Not Applicable

Zip
33024

Country
USA

Zip
33024

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERA, ROBERTO J
16213 LAUREL DRIVE
WESTON FL 33326

Name
JOSE LOPEZ

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

7818 NW 17 PL

City **PEMBROKE PINES** FL Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** Delete
NAME **CORZO, OLGA**
STREET ADDRESS **3301 EMERALD POINTE DR #107B**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PRESIDENT** Change Addition
NAME **JOSE LOPEZ**
STREET ADDRESS **7818 NW 17 PL**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **P** Delete
NAME **VALERA, ROBERTO J**
STREET ADDRESS **16213 LAUREL DR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **DIRECTOR** Change Addition
NAME **OLGA CORZO**
STREET ADDRESS **16213 LAUREL DR**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** Change Addition
NAME **LURDES RAMOS**
STREET ADDRESS **2307 NW 7 ST**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** Change Addition
NAME **JOSE LOPEZ**
STREET ADDRESS **7818 NW 17 PL**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

954-965-8557

Daytime Phone #

CR2E034 (10/02)