

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90035 019 ***150.00

DOCUMENT # P00000069911

1. Entity Name
SUREGUN LOCK, INC.



Principal Place of Business

ROBERTO VALERA
16213 LAUREL DR
WESTON FL 33326
US

Mailing Address

ROBERTO VALERA
16213 LAUREL DR
WESTON FL 33326
US

2. Principal Place of Business

7818 NW 17 PLACE

Suite, Apt. #, etc.

3. Mailing Address

7818 NW 17 PLACE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALERA, ROBERTO J
16213 LAUREL DR
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

JOSE LOPEZ

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

7818 NW 17 PLACE

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

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

TITLE PD
NAME VALERA, ROBERTO J
STREET ADDRESS 16213 LAUREL DR
CITY-ST-ZIP WESTON FL 33326 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR
NAME OLGA CARZO
STREET ADDRESS 16213 LAUREL DR
CITY-ST-ZIP WESTON, FL 33326 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME LURDES RAMOS
STREET ADDRESS 2307 NW 7TH ST
CITY-ST-ZIP MIAMI, FL 33125 ☐ 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

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

Date

Daytime Phone #

CR2E034 (10/02)