

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90449 048 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000034470

1. Entity Name

United Lock & Hardware Co. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 N. Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address

222 N. Federal Hwy.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hallandale, FL

City & State

Hallandale, FL

4. FEI Number

65-1094744

Applied For

Not Applicable

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Howard Teamkin

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

222 N. Federal Hwy.

City: Hallandale

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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)

4/30/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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: PV, ST
NAME: Teamkin, Howard
STREET ADDRESS: 222 N. Federal Hwy
CITY-ST-ZIP: Hallandale, FL 33009

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
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 on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Daytime Phone #

CR2E034B (12/01)