APR-30-02 TUE 04:14 PM LAZARUS CORPORATION FAX:305220144

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90067 043 ***150.00

DOCUMENT # P01000045990 ✓

1. Entity Name

Locksmith Depot, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7162 N.W. 50st
Suite, Apt. #, etc.
City & State: Miami - FL
Zip: 33166 Country: U.S.A

3. Mailing Address
7162 N.W. 50st
Suite, Apt. #, etc.
City & State: Miami - FL
Zip: 33166 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1155701 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CAROL VANESSA CUADRA
Street Address (P.O. Box Number is Not Acceptable)
8180 Geneva ct B-130
City: Miami FL Zip Code: 33166

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: X [signature] 4/30/2002
Signature, typed or printed name of registered agent and title if applicable (Florida Registered Agent signature required when reinstating) 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	President
NAME	CAROL VANESSA CUADRA
STREET ADDRESS	8180 Geneva ct B-130
CITY-ST-ZIP	Miami-FL 33166
TITLE	Vice-President
NAME	Rosa M. Lopez
STREET ADDRESS	8180 Geneva ct - B-130
CITY-ST-ZIP	Miami-FL 33166

DO NOT WRITE IN THIS SPACE

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: X [signature] 4-30/2002
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #