

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90194 050 ***150.00

DOCUMENT # P02000083547

1. Entity Name
GOLDEN KEY LOCK SMITH, INC.



Principal Place of Business
16171 S.W. 138TH TERRACE
MIAMI FL 33196

Mailing Address
16171 S.W. 138TH TERRACE
MIAMI FL 33196

2. Principal Place of Business
16171 S.W. 138TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1305 S.W. 136 PL.
Suite, Apt. #, etc.

City & State
MIAMI

City & State
FL

4. FEI Number
22-3860937

Applied For
Not Applicable

Zip
33196

Country

Zip
33184

Country
MIAMI

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

6. Name and Address of Current Registered Agent

GOMEZ, KATHERINE
16171 S.W. 138TH TERRACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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: Katherine Gomez (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **GOMEZ, KATHERINE**
STREET ADDRESS **16171 S.W. 138TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ **Delete**
NAME **FERNANDEZ, ANTONIO**
STREET ADDRESS **1305 S.W. 136TH PLACE**
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ **Delete**
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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: Katherine Gomez **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)