

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037825

1. Entity Name

ROBERT'S LOCKSMITH CORP.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90051 010 ***150.00

Principal Place of Business

Mailing Address

9004 SW 97 AVE. APT. 5
MIAMI FL 33176

9004 SW 97 AVE. APT. 5
MIAMI FL 33186-5136

2. Principal Place of Business

11831 S. W. 122nd Ave.

3. Mailing Address

11831 S. W. 122nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33186

City & State

MIAMI, FLORIDA 33186

4. FEI Number

65-0413564

Applied For

Not Applicable

Zip 33186

Country USA

Zip 33186

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

SANCHEZ, NORBERTO
9004 SW 97TH AVE.
APT. 5
MIAMI FL 33176

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.

SIGNATURE

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

(NOTE: 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME SANCHEZ, NORBERTO
STREET ADDRESS 9004 SW 97TH AVE. APT. 5
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE VP
NAME SANCHEZ, ROSSARIO D
STREET ADDRESS 9004 SW 97TH AVE. APT. 5
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

SIGNATURE: X *Norberto Sanchez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00