

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90120 009 ***150.00

DOCUMENT # P93000061594

1. Entity Name
HUBER'S LOCKSMITH, INC.

Principal Place of Business

219 PARK BLVD
 MIAMI FL 33126
 US

Mailing Address

219 PARK BLVD
~~STATE 5~~
 MIAMI FL 33126
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0440768**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SARDINAS, HUBER~~
~~8231 NW 8TH ST #301~~
~~MIAMI FL 33126~~

Huber Sardinias
6438 NW 113 PL
Miami, FL 33178

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **SARDINAS, HUBER**
 CITY-ST-ZIP **219 PARK BLVD**
MIAMI FL 33126

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SARDINAS, LAURA E**
 CITY-ST-ZIP **219 PARK BLVD**
MIAMI FL 33126

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02 305-264-4176
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P93000061594
122793

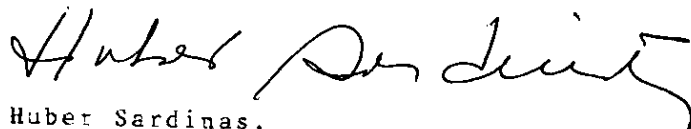
July 22, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Huber's Locksmith, Inc.
Doc. P93000061594

TO WHOM IT MAY CONCERN:

This letter is in response to the recent annual business report received. We never received the first report from Tallahassee. A problem could have occurred with the post office, or an employee could have misplaced the report. We apologize for any inconvenience this may have caused and ask that you accept our check of \$150.00 for the 2002 filing year. We never intentionally meant to send the report late. Please accept our apologies. If we had received the report, we would have sent it right away. In the future, we will make certain to correct our mistakes. Thank you very much for your cooperation. If you have any questions please feel free to contact me at (305) 264-4176



Huber Sardinas,
President