

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062717

1. Entity Name
DEADLOCK, INC.

Principal Place of Business
471 SW 8TH STREET
MIAMI FL 33130
US

Mailing Address
P.O. BOX 191511
MIAMI BEACH FL 33119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 NOV 19 AM 10:16



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0516270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE
471 SW 80 ST
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Fernandez, Jose
Street Address (P.O. Box Number is Not Acceptable)
471 SW 8th Street
City Miami FL 33130

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 \$550.00

After September 12, 2001 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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **FERNANDEZ, JOSE**
CITY-ST-ZIP **471 S.W. 8TH STREET**
MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **700004705977-2**
STREET ADDRESS **-12/05/01--01052--001**
CITY-ST-ZIP ******750.00 ****750.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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]

10-01-01 305 859 8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0116944 AT

CR2E034 (5/01)