

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084166

1. Entity Name

HIGH SECURITY LOCKSMITHS, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90198 044 ***150.00

Principal Place of Business

Mailing Address

~~18220 S.W. 138 CT~~
~~MIAMI FL 33177~~

P.O. BOX 164009
MIAMI FL 33116-4009

2. Principal Place of Business

3. Mailing Address

18810 FRANJO Rd.

18810 FRANJO Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0536002

Applied For

Not Applicable

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

DEMARIO, ART JR

~~18220 S.W. 138 CT~~

~~MIAMI FL 33177~~

Name

DEMARIO, ART JR

Street Address (P.O. Box Number is Not Acceptable)

18810 FRANJO ROAD

City

MIAMI

FL

Zip Code

33157

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DEMARIO, ART, JR.
STREET ADDRESS ~~18220 S.W. 138 CT~~
CITY-ST-ZIP ~~MIAMI FL 33177~~

TITLE P ☒ Change ☐ Addition
NAME DEMARIO, ART, JR.
STREET ADDRESS 18810 FRANJO ROAD
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-01 305-233-5625

0140927

CR2E034 (10/00)