2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000059275** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name SOUTH FLORIDA LOCKSMITH OF KENDALL, INC. 04-11-2000 90021 015 ***150.00 Principal Place of Business Mailing Address 14730 NE 10 AVE 12558-A SW. 88 ST N. MIAMI FL 33161-2454 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business PEREZ BEHAR & ASSOC., P.A. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 13935 NW 1st AVENUE City &MLAMI, FLORIDA 33168 Applied For 4. FEI Number City & State 65-0604756 Not Applicable Zip Country \$8.75 Additional Country Zip Certificate of Status Desired _____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAJIGAS, JOSE L Street Address (P.O. Box Number is Not Acceptable) **1782 SW 1 STREET MIAMI FL 33135** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** ☐ Change ☐ Delete TITLE TITLE CAJIGAS, LAZARA NAME NAME 1001 W FLAGLER ST M#1310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Addition ☐ Delete Change TITLE CAJIGAS JOSE N. NAME. 1001 W FLAGLER ST M#1310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF [7] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #