FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90245 041 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066650

1. Entity Name

AMERICAN SECURITY SYSTEMS LOCKSMITH CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
490 SW 137 COURT	1840 W 49 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE. #404
City & State MIAMI. FL.	City & State HIALEAH - FL.
Zip 33175 Country	Zip FL 33012 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025754 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM J. RAIMONT

Street Address (P.O. Box Number is Not Acceptable) 490 SW 137 COURT

City MIAMI. FL. 33175 FL Zip Code 33175

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] 4/MAY

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/D
NAME	WILLIAM J. RAIMONT
STREET ADDRESS	490 SW 137 COURT
CITY-ST-ZIP	MIAMI. FL. 33175
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLIAM J. RAIMONT PRESIDENT 4/MAY (305)557-3984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #