

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000082193**

1. Entity Name

LOK-LOK INC.

Principal Place of Business

Mailing Address

**11970 W SAMPLE ROAD
CORAL SPRINGS FL 33065****11970 W SAMPLE ROAD
CORAL SPRINGS FL 33076-2803****FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90025 008 ***150.00

E0014893

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10564 NW 57th CT**10564 NW 57th CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS**CORAL SPRINGS**

Zip

Country

Zip

Country

33076**USA****33076****USA**

4. FEI Number

65-0706100

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

**MISTRELLO, ANA L
11970 W SAMPLE ROAD
CORAL SPRINGS FL 33065**

Name

MISTRELLO, ANA L

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

10564 NW 57th CT

City

CORAL SPRINGS,**FL**

Zip Code

33076

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MISTRELLO, ANA L	11970 W SAMPLE RD	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	MISTRELLO, ANA L	10564 NW 57 th CT	CORAL SPRINGS, FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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**2/2/00**

Date

954-340-8395

Daytime Phone #