

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049554

1. Entity Name

UNIVERSAL LOCK TECHNOLOGIES, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90052 023 \*\*\*150.00

Principal Place of Business

444 BRICKELL AVE  
PL-51-186  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE  
PL-51-186  
MIAMI FL 33131-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0759009

Applied For

Not Applied

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

Y  
PERUYERA, SUSANA  
444 BRICKELL AVE  
PL-51-186  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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 P ☐ Delete  
NAME RAMOS, ISRAEL  
STREET ADDRESS 2307 NORTHWEST 7TH STREET  
CITY-ST-ZIP MIAMI FL 33125

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

TITLE VP ☐ Delete  
NAME PERUYERA, SUSANA  
STREET ADDRESS 444 BRICKEL AVE., STE 51-186  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Delete  
NAME Susana Peruyera  
STREET ADDRESS ☐ Change ☐ Delete  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE TS ☐ Delete  
NAME AMADOA, JULIO F  
STREET ADDRESS 1023 NW 19TH AVE  
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Change ☐ Delete  
NAME ☐ Change ☐ Delete  
STREET ADDRESS 1024 N.W. 18. PL.  
CITY-ST-ZIP miami Fla. 33125

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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 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 #

01/24/00 (305) 371-6