FOR PROFIT CORPORA UNIFORM BUSINESS REPO

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SECRETARY OF STATE IALLAHASSEE, FLORIDA
DO12789039 0301049002 **300.00 do not write in this space
Applied For Not Applicable
Status Desired Status
Fee Required ress of Current Registered Agent
P. Not Acceptable)
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FL Zip Code 33 166
the State of Florida.
2~10-03 DATE
n Campaign Financing \$5.00 May Be added to Fees
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DOCUMENT # 197000 9973

Doral Locksmith, Corp.

 $I^{\tilde{R}}$ DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 5650 NW 79th Ave. 5650 NW 79 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Miani Fl. 33166 Miami Fl. 65-0 Country Country 33166 USA 5. Certificate of Stat U54 7. Name and Addres DO NOT WRITE ---05e G. He Street Address (P.O. Box Number is No IN THIS SPACE 5650 NW 79 19 A Migmi 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the SIGNATURE 🙆 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election C Amended UBR is \$61.25 (See criteria on back) Trust Fund Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PSTD TITLE TITLE Tose G. Henao NAME NAME 5756 NW 97 # Place STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miami F. 33178 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME ** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE ---CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

SIGNATURE: &

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER

Jose G. Hengo - Pres 2-10-03

Baque's Accounting

& Assoc.

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

REF: Doral Locksmith Corp. P97000099734

Dear -sirs:

Here by we inform you that our mailing address changed at the end of the year 2001 and for that reason we never received the (UBR) Uniform Business Report for the Year 2002.

For that reason was never paid and we apologize for that.

Since the incorporation on 11/20/1997 we always paid on time the yearly fee and we are asking you to allow us to pay now the year 2002 and 2003 and to Activate our Corporation.

Thank you so much for your cooperation.

Sincerely,

Jose G. Henao PTDS

Mailing Address same as Principal Address 5650 NW 79th Ave

Miami-,--FL-33166-

■ 930 East 16 Place, Hialeah, Florida 33010 • (305) 887-2691 ■