

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020572

1. Entity Name

SURE-WOOD LOCK, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90078 050 ***158.75

825501



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2363 NW 162 TERRACE
PEMBROKE PINES FL 33028

Mailing Address
2363 NW 162 TERRACE
PEMBROKE PINES FL 33028-1703

2. Principal Place of Business
1705 SW 4th CT

3. Mailing Address
1705 SW 4th CT

Suite, Apt. #, etc.

City & State
FT-Lauderdale, FL

City & State
FT-Lauderdale FL

4. FEI Number 65-0902240
Applied For
Not Applicable

Zip 33312 Country USA

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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHELIMA, JESUS
235 SW LE JEUNE RD
MIAMI FL 33134

7. Name and Address of New Registered Agent
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 _____ (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. ☒ **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	D	<input type="checkbox"/> Delete	TITLE	YVES VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, IVES		NAME		
STREET ADDRESS	7109 NW 69 AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAF, TOM		NAME		
STREET ADDRESS	1700 SW 4TH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, TITUS		NAME		
STREET ADDRESS	1705 SW 4TH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANGER, ALAIN		NAME		
STREET ADDRESS	2363 NW 162 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 I am empowered.

SIGNATURE: Titus Edward, President 03/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
954-763-5881 Daytime Phone #

CR2E034 (9/99)