5/19/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-19-2002 90193 012 ***158.75

94746

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000020572

1. Entity Name
SURE-WOOD LOCK, INC.

Principal Place of Business
1705 SW 4TH CT.
FORT LAUDERDALE FL 33312

Mailing Address
1705 SW 4HT CT.
FORT LAUDERDALE FL 33312

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0902240 — Applied For / Not Applicable

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 _____
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, 2002 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	VP ☑ Delete	TITLE	Pres. ☐ Change ☐ Addition
NAME	MICHAUD, YVES	NAME	Edwards, Titus
STREET ADDRESS	7109 NW 69 AVE	STREET ADDRESS	1705 SW.4th. Ct.
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	Ft.Lauderdale Fl. 33312
TITLE	D ☑ Delete	TITLE	V.P. ☐ Change ☐ Addition
NAME	LEAF, TOM	NAME	Machaud, Yves
STREET ADDRESS	1700 SW 4TH CT	STREET ADDRESS	7109 NW. 69th Ave.
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP	Tamarac, Fl. 33321
TITLE	PT ☑ Delete	TITLE	Sec. ☐ Change ☐ Addition
NAME	EDWARDS, TITUS	NAME	Belanger, Alan
STREET ADDRESS	1705 SW 4TH CT	STREET ADDRESS	2363 NW. 182nd Terrace
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP	Pembroke Pines, Fl. 33028
TITLE	S ☑ Delete	TITLE	D ☐ Change ☐ Addition
NAME	BELANGER, ALAIN	NAME	Leaf, Tom
STREET ADDRESS	2363 NW 162 TERRACE	STREET ADDRESS	1700 SW. 4th.Ct.
CITY-ST-ZIP	PEMBROKE PINES FL 33028	CITY-ST-ZIP	Ft.Lauderdale, Fl. 33312
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	NO CHANGE	CITY-ST-ZIP	

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELECTRONICALLY FILED TITUS M EDWARDS 4-24-02 954 763-5881

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