

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90682 011 \*\*\*150.00

DOCUMENT # P99000019026

1. Entity Name

Oscar's Lock Supply, Inc. ✓

90052230

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10751 SW 64 Street

Suite, Apt. #, etc.

3. Mailing Address

10751 SW 64 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Southwest Ranches, FL

City & State

Southwest Ranches

4. FEI Number

05-0899695

Applied For

Not Applicable

Zip 33331

Country

Zip 33331

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lavorano, Oscar

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

10751 SW 64th Street

City

Southwest Ranches, FL

Zip Code

33331

**DO NOT WRITE  
IN THIS SPACE**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P.S.  
Oscar Lavorano  
10751 SW 64 Street  
Southwest Ranches, FL 33331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

✓ 3-10-03 954-275-7550

CR2E034B (12/01)