1. Entity Name M & R LOCKSMITH CORPORATION					Secretary of State 05-03-2001 90097 046 ***150.00			
Principal Place of Business Mailing Address 1831 NW 76 PLACE COCONUT CREEK FL 33073 Mailing Address COCONUT CREEK FL 33073			•					
2. Principal P	Place of Business, NW 43 AVE	3. Mailing Address 6951 MWP43 AVE Suite, Apt. #, etc.		2	DO NOT WRITE IN THIS SPACE			
COCONU	Α	City & State	Beek,	Fl.	4. FEI Number 65-0902753	Ar	oplied For	
3307	Country	33073	BLOWA		5. Certificate of Status Desired	\$8.75 Add Fee Require	litional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	ed Agent		
EMI0 4831 COC	Street Address (P.O. Box Number is Not Acceptable) 6951 NW 43 WAVE							
R The above	named entity submits this statement for	r the nurnose of changing its r	$oxed{C}$	DCON	of CREEK	L Zip Cod	073	
SIGNATURE	- RONDE	EDU Emig PL	Registered Agent signate		04-	30-01		
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta					10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees	
11. TITLE NAME STREET ADDRESS	PD EMIG, RON 4831 NW 76 PLACE	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EN 695	ADDITIONS/CHANGES TO OFFICERS A Aug. Rod I NW 4322 Ave DAUT CEEER, Fl.		Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS	Cou	DAUT CEERK, PI.	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-71P	l	e- e	☐ Change	Addition	

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 arress, with all other like empowered.

SIGNATURE: _

1-16-01

561-218-